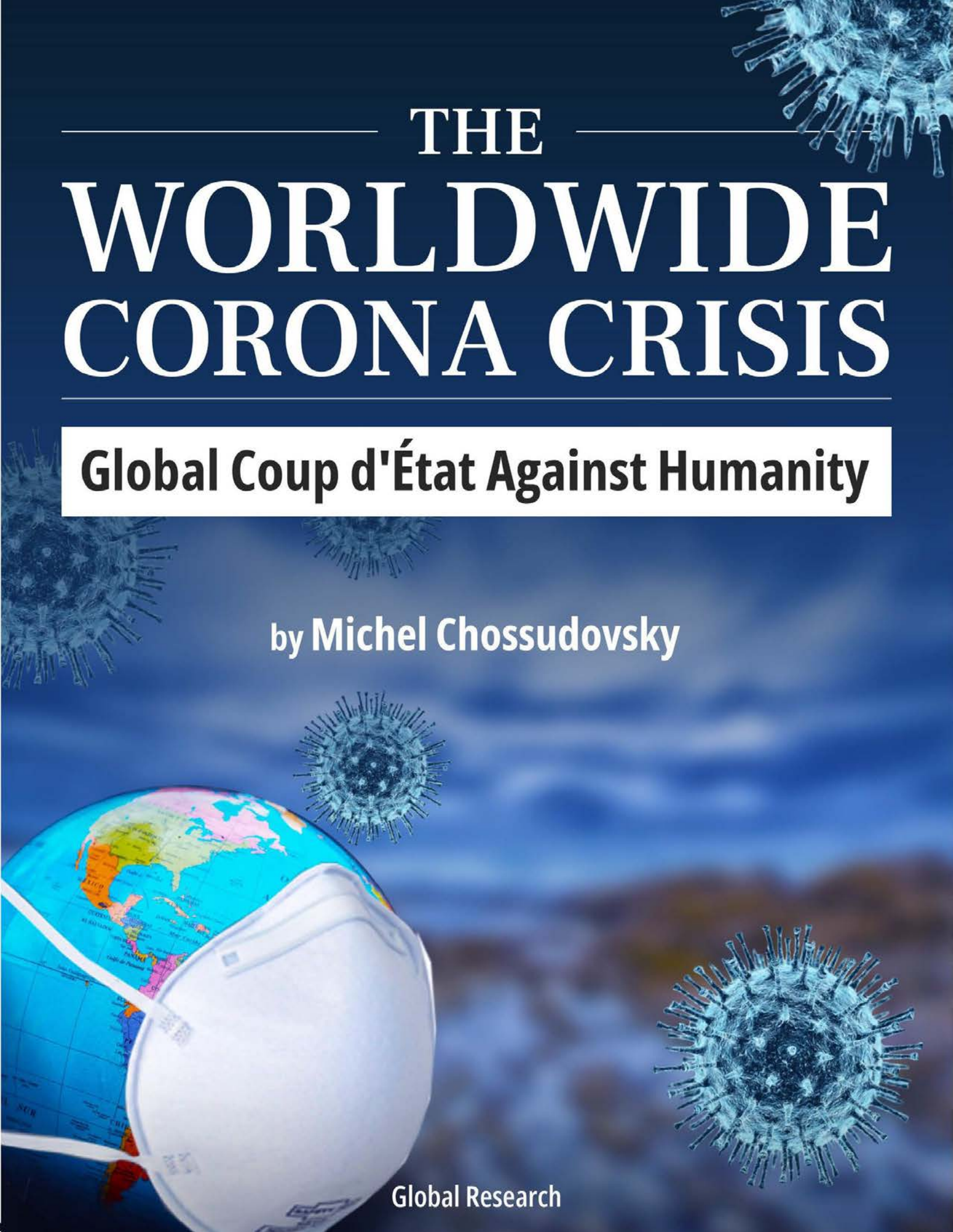
THE WORLDWIDE CORONA CRISIS

Global Coup d'État Against Humanity

by Michel Chossudovsky



Global Research

The Worldwide Corona Crisis

Global Coup d'État Against Humanity

Destroying Civil Society, Engineered Economic Depression

by

Michel Chossudovsky

Global Research

About the Author

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He has undertaken field research in Latin America, Asia, the Middle East, sub-Saharan Africa and the Pacific and has written extensively on the economies of developing countries with a focus on poverty and social inequality.

He has also undertaken research in Health Economics (UN Economic Commission for Latin America and the Caribbean (ECLAC), UNFPA, CIDA, WHO, Government of Venezuela, Johns Hopkins International Journal of Health Services (1979, 1983)).

He is the author of 13 books including The Globalization of Poverty and The New World Order (2003), America's "War on Terrorism" (2005), and The Globalization of War, America's Long War Against Humanity (2015).

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The Worldwide Corona Crisis. Global Coup d'État Against Humanity
by Michel Chossudovsky

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*This book is dedicated to my life-long partner **Micheline Ladouceur,** who is acting in solidarity with the **future of all humanity***

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PREFACE

"Hell is empty, and all the demons are here." — **William Shakespeare**, Tempest, 1610

The COVID-19 crisis is destroying people's lives. My responsibility as an author is to reveal the truth, break the tide of media disinformation and reach out worldwide to as many people as possible.

We are dealing with an exceedingly complex process. In the course of the last two and a half years, I have analyzed almost on a daily basis the timeline and evolution of the COVID-19 crisis.

From the very outset in January 2020, people worldwide were led to believe and accept the existence of a rapidly progressing and dangerous epidemic. Media disinformation was instrumental in sustaining the COVID-19 narrative.

At the time of writing, protest movements have erupted in numerous countries. The entire planet is in state of economic and social chaos. A worldwide crisis in food and agriculture is unfolding with famines erupting in all major regions of the world (see Chapter IV).

From the very outset in January 2020, scientific lies and falsehoods have been used to sustain the legitimacy of the COVID-19 policy mandates including lockdowns, the imposition of the face mask, social distancing and the suppression of fundamental human rights.

The decision-making process is controlled by the financial establishment. A structure of "Global Governance" is unfolding which undermines democracy and the institutions of civil society. The same instructions are transmitted simultaneously to corrupt politicians in a large number of countries. The United Nations system is also complicit in the conduct of this diabolical endeavor.

The pandemic was announced on March 11, 2020. On that same day, lockdown instructions were transmitted to 193 member states of the United Nations, essentially requiring the confinement of the labor force and the "closure" of the economic and social landscape as a means to "combating the virus".

More than 7 billion people worldwide are directly or indirectly affected by the corona crisis and the destructive mandates implemented by morally depraved national governments.

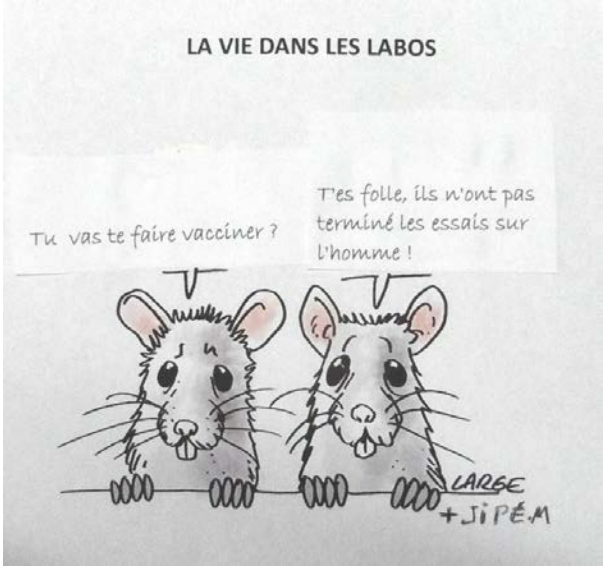
The mRNA Vaccine

Starting in late 2020, people worldwide were led to believe that Big Pharma's COVID-19 vaccine injections were the "solution". And that "a new normal" would be restored once the entire population of the planet of almost 8 billion people had been fully vaccinated with several doses.

How is it that a vaccine for the novel **SARS-CoV-2 virus,** which under normal conditions would have taken years to develop, was promptly launched in early November 2020? The mRNA "vaccine" announced by Big Pharma — with Pfizer in the lead — is based on an experimental gene-editing mRNA technology which has a bearing on the human genome.[1]

Were the standard animal lab tests using mice or ferrets conducted?

Or did Pfizer "go straight to human "guinea pigs""? Human tests began in late July and early August 2020.[2] "Three months is unheard of for testing a new vaccine. Several years is the norm."[3]



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This caricature by Large + JIPÉM explains our predicament:

Mouse No. 1: “Are You Going to Get Vaccinated”
Mouse No. 2: “Are You Crazy, They Haven’t Finished the Tests on Humans”

The evidence amply documented is that the mRNA vaccine has resulted in an upward worldwide tide in mortality and morbidity.

Reports confirm that the COVID-19 vaccines are killing our children. In the UK, “the worst figures in terms of all-cause deaths are among double-vaccinated teenagers.”[4]

Book Description and Outline

The introductory chapter focuses on the fear campaign, the deliberate destabilization of civil society and the insidious role of media propaganda.

A detailed review of the history of the COVID-19 crisis, examining the timeline of major events is outlined in Chapter II.

Chapter III focuses on the nature of the **SARS-CoV-2** virus as well as on the flawed **Reverse Transcription Polymerase Chain Reaction (RT-PCR) Test** which from the outset was established by national governments to generate “**fake data**” with a view to justifying excessive and socially repressive policy mandates.

The broad economic and social consequences of this crisis including the process of worldwide impoverishment and redistribution of wealth in favor of the super rich billionaires are examined in Chapters IV and V. Economic chaos has been instrumental in triggering the most serious global debt crisis in world history.

The devastating impacts of the **lockdown policies** on mental health including the rise in suicides and drug abuse are examined in Chapter VI.

Chapter VII examines the **suppression of hydroxychloroquine (HCQ), a cheap and effective drug.**

Big Pharma's vaccination programme was envisaged already months before the alleged outbreak of the novel coronavirus in Wuhan in late 2019. Chapter VIII reviews what is best described as "a **killer vaccine**". The latter part of the chapter focuses on the **ID2020 Digital Identity Project** and the imposition of the so-called **vaccine passport**.

Chapter IX recalls the circumstances of the **2009 H1N1 Swine Flu pandemic**, which turned out to be a scam. Was it a "dress rehearsal" for things to come?

Chapter X focuses on the **derogation of freedom of expression** and the authoritarian policies used to repress the protest movement and ensure social compliance.

Chapter XI focuses on **crimes against humanity and the Nuremberg Code**.

Chapter XII analyses the World Economic Forum's proposed "**Great Reset**" which if adopted would consist in **establishing a system of global governance**, scrapping the welfare state and imposing massive austerity measures on an impoverished population. The official emblem of the WEF's "Great Reset" is "**Own Nothing, Be Happy**".

Chapter XIII entitled **Digital Tyranny** focuses on the **worldwide QR Verification Code project** which lays the groundwork for the establishment of a global digital data bank of almost 8 billion people. **Peter Koenig** describes the QR code as "an all-electronic ID – linking everything to everything of each individual (records of health, banking, personal and private, etc.)."

Chapter XIV focuses on **Eugenics and Depopulation Agenda.**

Chapter XV entitled **The Road Ahead: Building a Worldwide Movement Against Corona Tyranny** formulates the contours of a worldwide movement which forcefully challenges the legitimacy of the financial elites, Big Pharma, et al., as well as the corrupt structures of political authority at the national level.

A word on methodology: our objective is to refute the "Big Lie" through careful analysis consisting of:

- a historical overview of the COVID crisis with precise data, concepts and definitions;
- quotations from official documents and peer-reviewed reports, numerous sources and references are indicated;
- scientific analysis and detailed review of "official" data, estimates and definitions; and
- analysis of the impacts of WHO "guidelines" and government policies on economic, social and public health variables.

My objective as an author is to inform people worldwide and refute the official narrative which has been used as a pretext and a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the "deadly" COVID-19 "vaccine".

This crisis affects humanity in its entirety: almost 8 billion people.

We stand in solidarity with our fellow human beings and our children worldwide.

Truth is a powerful instrument.

Michel Chossudovsky,

Global Research, Montreal, August 2022

Endnotes

1. F. William Engdahl, November 15, 2020. What's Not Being Said About the Pfizer Coronavirus Vaccine. "Human Guinea Pigs"? https://www.globalresearch.ca/what-not-said-pfizer-coronavirus-vaccine/5729461

2. Ibid.

3. Ibid.

4. The Expose, July 29, 2022. Shocking: UK Government Admits COVID Vaccinated Children Are 4423% More Likely to Die of Any Cause & 13,633% More Likely to Die of COVID-19 Than Unvaccinated Children. https://www.globalresearch.ca/print-version-of-covid-book/5780283

——————————————CHAPTER I——————————————

Introduction

Destroying Civil Society. The Fear Campaign

It is time for everyone to come out of this negative trance, this collective hysteria, because famine, poverty, mass unemployment will kill and destroy the lives of many more people than SARS-CoV-2!" – **Dr. Pascal Sacré**[1]

"I'm seeing patients that have facial rashes, fungal infections, bacterial infections. … In February and March [2020] we were told not to wear masks. What changed? The science didn't change. The politics did. This is about compliance. It's not about science…" –**Dr. James Meehan**[2]

"Once the Lie becomes the Truth, there is no moving backwards. Insanity prevails. The world is turned upside down." **–Michel Chossudovsky**

"We're being locked-down for an infection fatality rate of less than 0.2%." **–Dr. Richard Schabas**[3]

We are at the crossroads of one of the most serious crises in world history. We are living history, yet our understanding of the sequence of events since January 2020 has been blurred. Worldwide, people have been misled both by their governments and the media as to the causes and devastating consequences of the COVID-19 "pandemic."

The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire world into a spiral of mass unemployment, bankruptcy, extreme poverty and despair.

This is the true picture of what is happening. It is the result of a complex decision-making process.

"Planet lockdown" is an encroachment on civil liberties and the "right to life".

Entire national economies are in jeopardy. In some countries, martial law has been declared.

Small and medium-sized capital are slated to be eliminated. Big capital prevails.

A massive concentration of corporate wealth is ongoing.

It's a diabolical "New World Order" in the making.

Red zones, the face mask, social distancing, the closing down of schools, colleges and universities, no more family gatherings, no birthday celebrations, music, the arts; no more cultural events, sports events are suspended, no more weddings, "love and life" is banned outright.

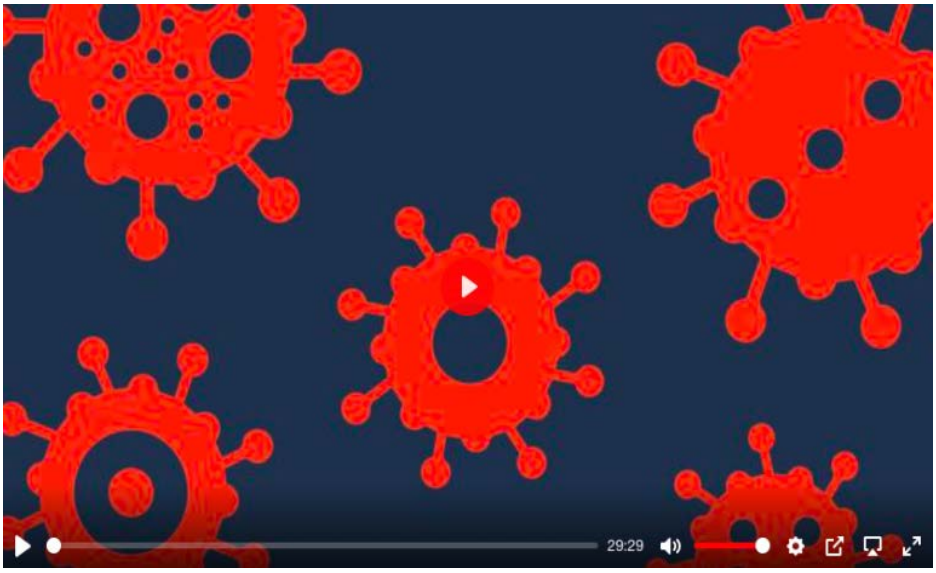
And in several countries, Christmas and New Year family reunions (2021-2022) were illegal.

Closing down the global economy is presented to us as a means to combating the virus. That's what they want us to believe. If the public had been informed that COVID-19 is "similar to seasonal Influenza", the fear campaign would have fallen flat.

The pandemic was officially launched by the WHO on March 11, 2020 leading to the lockdown and closure of the national economies of 190 (out of 193) countries, member states of the United Nations. The instructions came from above, from Wall Street, the World Economic Forum (WEF), the billionaire foundations.

The March 11, 2020 pandemic was preceded by a WHO Public Health Emergency of International Concern (PHEIC) on January 30, 2020 which was followed in February 2020 by the destabilization of financial markets.

The video below was initially published by Vimeo more than a year ago, prior to the launching of the vaccine. It was taken down on March 5, 2022 as an act of censorship directed against Global Research. Click here to watch.



To view the video on Bitchute and/or enter a comment, click here.

(Screenshot from the video, copyright Global Research)

On January 30, there were 83 "COVID-19 confirmed cases" outside China, out of a total population of 6.4 billion. In the days preceding the February financial crash, there were 1,076 "COVID-19 confirmed cases" outside China (see our analysis in Chapter II).

This diabolical project based on scanty and flawed estimates is casually described by the corporate media as a "humanitarian" endeavour; the "international community" has a "responsibility to protect" (R2P).

In the words of **Diana Johnstone**, it's "**the global pretext**". An unelected "public-private partnership" under the auspices of the World Economic Forum (WEF) has come to the rescue of planet Earth's 7.9 billion people. The closure of the national economies of 193 member states of the United Nations is presented as a means to "killing the virus".

Image: copyright CODEPINK, permission to use

Sounds absurd. Closing down the real economy of planet Earth is not the "solution" but rather the "cause" of a diabolical process of worldwide destabilization and impoverishment.

The national economy combined with political, social and cultural institutions is the basis for the "reproduction of real life": income, employment, production, trade, infrastructure, and social services.

Destabilizing the economy of planet Earth cannot constitute a "solution" to combating the virus. But that is the imposed "solution" which they want us to believe in. And that is what they are doing.

It's the destruction of people's lives. It's the destabilization of civil society.

The lies are sustained by a massive media disinformation campaign — 24/7, incessant and repetitive "**COVID alerts**" in the course of more than two and a half years. It's a process of social engineering.

What they want is to hike up the numbers so as to justify the lockdown. COVID death statistics are "fabricated" (see Chapter III).

COVID-19 is portrayed as the "killer virus".

Destroying Civil Society

People are frightened and puzzled. "Why would they do this?"

Empty schools, empty airports, bankrupt grocery stores.

In France, "churches were threatened with Kalashnikovs over COVID-19 outbreak" (April 2020).[4]

The entire urban services economy is in crisis. Shops, bars and restaurants are driven into bankruptcy. International travel and holidays are suspended. Streets are empty. In several countries, bars and restaurants are required to take names and contact information **to support effective contact tracing if necessary**.[5]

Cultural Lockdown

At the same time, starting in March 2020, the worldwide closure of national economies was accompanied by **a cultural lockdown** affecting music and artistic events. Empty museums, no more operas, no more symphonies, concert halls are closed down worldwide. So-called digital stay at home platforms were put forth. In the US, museums announced closure on March 12, 2020 starting with the New York Metropolitan Museum of Art. In France, the Louvre, Versailles and the Eiffel Tower were closed down on March 13, 2020, two days after the lockdown.

Free Speech Is Suppressed

The lockdown narrative is supported by media disinformation, online censorship, social engineering and the fear campaign.

Medical doctors who question the official narrative are threatened. They lose their jobs. Their careers are destroyed. Those who oppose the government lockdown are categorized as "anti-social psychopaths".[6]

Peer-reviewed psychological "studies" are currently being carried in several countries using sample surveys. Accept the "big lie" and you are tagged as a "good person" with "empathy" who understands the feelings of others.

Express reservations regarding social distancing, the wearing of face mask and the mRNA vaccine, and you will be tagged (according to "scientific opinion") as a "callous and deceitful psychopath" (see Chapter XI).

In colleges and universities, the teaching staff is pressured to conform and endorse the official COVID narrative. Questioning the legitimacy of the lockdown or the vaccine in online "classrooms" could lead to dismissal.

Numerous medical doctors and scientists who have opposed the COVID consensus or the vaccine have been arrested. In December 2020, "Jean-Bernard Fourtillan, a retired university professor known for his opposition to the COVID-19 vaccine was arrested "by law enforcement officers under military command, and forcibly placed in solitary confinement at the psychiatric hospital of Uzès." Fourtillan is known as a "longtime critic of vaccines that use dangerous adjuvants"".[7]

Google, Facebook and Twitter: Marketing the Big Lie

The opinions of prominent scientists who question the lockdown, face mask or social distancing are "taken down" by Google:

> "YouTube doesn't allow content that spreads medical misinformation that **contradicts the World Health Organization (WHO) or local health authorities**' medical information about COVID-19, including on methods to prevent, **treat or diagnose COVID-19**, and means of transmission of COVID-19." (emphasis added)[8]

They call it "fact-checking", without acknowledging that both the WHO and the national health authorities contradict their own data and concepts. Similarly, Twitter has confirmed that "it will remove all posts that suggest there are 'adverse impacts or effects of receiving vaccinations'" …

Twitter will "memory-hole any posts that "invoke a deliberate conspiracy" or "advance harmful, false, or misleading narratives" about vaccines."

Screenshot from Twitter

March 11, 2020: Engineered Economic Depression. Global Coup d'Etat?

Destabilizing in one fell swoop the national economies of 193 countries is an act of "economic warfare". This diabolical agenda undermines the sovereignty of nation-states. It impoverishes people worldwide. It leads to a spiraling dollar-denominated global debt.

The powerful structures of global capitalism, Big Money coupled with its intelligence and military apparatus are the driving force. Using advanced digital and communications technologies, the lockdown and economic closure of the global economy is unprecedented in world history.

This simultaneous intervention in approximately 193 countries derogates democracy. It undermines the sovereignty of nation-states worldwide, without the need for military intervention. It is an advanced form of "economic warfare" which overshadows other forms of warfare including conventional (Iraq-style) theater wars (see Chapters IV and V).

"Global Governance" Scenarios. World Government in the Post-COVID Era?

The March 11, 2020 lockdown project uses lies and deception to ultimately impose a worldwide totalitarian regime, entitled "Global Governance" (by unelected officials). In the words of **David Rockefeller:**

> "…The world is now more sophisticated and prepared to march towards a **world government. The supranational sovereignty of an intellectual elite and world bankers** is surely preferable to the national auto-determination practiced in past centuries." (quoted by Aspen Times, August 15, 2011, emphasis added)[9]

The Global Governance scenario imposes an agenda of social engineering and economic compliance:

It constitutes an extension of the neoliberal policy framework imposed on both developing and developed countries. It consists in scrapping "national auto-determination" and constructing a worldwide nexus of **pro-US proxy regimes** controlled by a "**supranational sovereignty**" (world government) composed of leading financial institutions, billionaires and their philanthropic foundations (see Chapter XIII).

Image: David Rockefeller (By william vazquez, visual waves inc licensed under CC BY 4.0)

Simulating Pandemics

Rockefeller's "Lock Step Scenario"

The Rockefeller Foundation proposes the use of "scenario planning" as a means to carry out "Global Governance".[10]

In the Rockefeller's 2010 report entitled "Scenarios for the Future of Technology and International Development Area", scenarios of Global Governance and the actions to be taken in the case of a worldwide pandemic are contemplated.[11]

More specifically, the report envisaged (p. 18) the simulation of a Lock Step scenario including a global virulent influenza strain.

> "The Lock Step scenario describes "a world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback." In "2012" (i.e. two years after the report's publication), [as part of the simulation] an "extremely virulent and deadly" strain of influenza originating with wild geese brings the world to its knees, infecting 20 percent of the global population and killing 8 million people in just seven months – "the majority of them healthy young adults." (Helen Buyniski, February 2020)[12]

The 2010 Rockefeller report was published in the immediate wake of the 2009 H1N1 swine flu pandemic (see Chapter IX).

The Clade X Tabletop Simulation

On May 15, 2018, a tabletop simulation of a pandemic entitled **Clade X** was conducted under the auspices of the Johns Hopkins Center for Health Security.

Clade X was described by its organizers as a day-long pandemic tabletop exercise the purpose of which "**was to illustrate high level** strategic decisions in the United States and the world … to prevent a pandemic" (emphasis added).[13] It was "played by individuals prominent in the fields of national security or epidemic response".

Bill Gates Had Foreknowledge

"In the case of biological threats, that sense of urgency is lacking... The world needs to prepare for pandemics in the same serious way it prepares for war." (Bill Gates quoted in Business Insider, April 17, 2018)

The October 2019 "Event 201"

Clade X was followed by another tabletop simulation entitled **Event 201** (also under the auspices of the Johns Hopkins Center for Health Security).[14]

Event 201 pertained to a coronavirus epidemic entitled **nCoV-2019**. It was held on October 18, 2019, less than three months before the announcement by the Chinese authorities in early January 2020 of a new coronavirus entitled **2019-nCoV** (subsequently renamed SARS-CoV-2):

> **"Statement about nCoV and our pandemic exercise**
>
> January24, 2020 – In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called Event 201 with partners, the World Economic Forum and the Bill & Melinda Gates Foundation. Recently, **the Center for Health Security has received questions about whether that pandemic exercise predicted the current novel coronavirus outbreak in China.**
>
> To be clear, the Center for Health Security and partners did not make a prediction during our tabletop exercise. For the scenario, we modeled a fictional coronavirus pandemic, but we explicitly stated that it was not a prediction. Instead, the exercise served to highlight preparedness and response challenges that would likely arise in a very severe pandemic. **We are not now predicting that the nCoV-2019 outbreak will kill 65 million people.**
>
> Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019." (emphasis added)[15]

The Event 201 pandemic exercise on October 18, 2019 also addressed how to deal with social media and so-called "misinformation".

Many features of the 201 "simulation exercise" did in fact correspond to **what actually happened** when the WHO Director-General launched a global public health emergency on January 30, 2020.

In the **Event 201 scenario**, a 15% collapse of financial markets had been "simulated". It was not "predicted" according to the organizers and sponsors of the event, which included the Bill and Melinda Gates Foundation as well as the World Economic Forum.[16]

It is worth noting that the sponsors of Event 201 — including the WEF and the Gates Foundation — have been actively involved from the very outset in coordinating (and financing) the COVID-19-related policies including the RT-PCR test, the lockdown procedures as well as the mRNA vaccine. The evidence suggests that these policies had been planned and envisaged at a much earlier date.

The Scenario 201 Players

Among the 201 Johns Hopkins tabletop scenario "players" were key personalities holding advisory or senior positions in a number of core organizations. Less than three months later, these 201 "players" became actively involved in **the policy response** to the COVID-19 pandemic.

> "The following prominent individuals from global business, government, and public health were exercise players tasked with leading the policy response to a fictional outbreak scenario in the Event 201 pandemic tabletop exercise."[17]

Some of the key players in Scenario 201; from left to right: Dr. Gao Fu (by China News Network, licensed under CC BY 3.0), Jane Halton (by WHO/Peter Williams), and Dr. Stephen Redd (by U.S. Government, licensed under the Public Domain)

The entities directly or indirectly "represented" by the "players" included the WHO, Johns Hopkins, the Global Alliance on Vaccines and Immunization (GAVI, **Dr. Timothy Grant Evans**), US Intelligence, the Bill and Melinda Gates Foundation (**Dr. Chris Elias**), the Coalition for Epidemic Preparedness Innovations (CEPI, **Chairwoman Jane Halton**), the World Economic Forum (WEF), the UN Foundation, the US Centers for Disease Control and Prevention (CDC, **Stephen Redd**), China's Center for Disease Control and Prevention (CDC, Director **Dr. George Fu Gao**), Big Pharma (**Adrian Thomas**), the World Bank and Global Banking, the Airline and Hotel industries. For more details, click here.

It is worth noting that China's CDC Director **Dr. George Fu Gao** played a central role in overseeing the COVID-19 outbreak in Wuhan in early 2020, acting in close liaison with the Bill and Melinda Gates Foundation, Johns Hopkins, et al. Dr. Gao Fu is an Oxford graduate with links to Big Pharma. He was also for several years a fellow of the Wellcome Trust.

Dr. Stephen Redd (CDC) played a key role in the 2009 H1N1 vaccination campaign in the US, which turned out to be fake (see Chapter IX).

nCoV-2019

It is also worth noting that the WHO initially adopted a similar acronym (to designate the coronavirus) to that of the Johns Hopkins Pandemic Event 201 Exercise **(nCoV-2019)**. "…The new virus was initially named **2019-nCoV** by [the] WHO."[18]

> "On Feb 11, 2020, WHO renamed the disease as coronavirus disease 2019 (COVID-19). That same day, the Coronavirus Study Group (CSG) of the International Committee on Virus Taxonomy posted a manuscript on *bioRxiv* in which they suggested designating **2019-nCoV** as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the basis of a phylogenetic analysis of related coronaviruses." (Lancet)[19]

The selection of the name SARS-CoV-2 is explained in Chapter III in relation to the so-called Drosten report.

Intelligence and "The Art of Deception"

The COVID crisis is a sophisticated instrument of the power elites. It has all the features of a carefully planned intelligence operation using "deception and counter-deception". **Leo Straus** "viewed intelligence as a means for policymakers to attain and justify policy goals, not to describe the realities of the world." And that is precisely what they are doing in relation to COVID-19.[20]

"The Global Pretext"

Confirmed by prominent scientists as well as by official public health bodies including the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC), **COVID-19** is a public health concern but **it is NOT a dangerous virus**.

The COVID-19 crisis is marked by a public health "emergency" under WHO auspices which is being used as a pretext and a justification to trigger a worldwide process of economic, social and political restructuring. **The tendency is towards the imposition of a totalitarian state**.

Social engineering is being applied. Governments are pressured into extending the lockdown despite its devastating economic and social consequences.

There is no scientific basis for implementing the closing down of the global economy as a means to resolving a public health crisis. Both the media and the governments are involved in spreading disinformation.

The fear campaign has no scientific basis. Your governments are LYING. In fact, they are lying to themselves.

Endnotes

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CHAPTER II

The Corona Timeline

This chapter provides a detailed timeline and history of the corona crisis starting in August 2019.

August 1, 2019: Glaxo-Smith-Kline (GSK) and **Pfizer** announced the establishment of a corporate partnership in Consumer Health Products including vaccines.

September 19, 2019: Meeting of the ID2020 Alliance

The ID2020 Alliance held their summit in New York entitled "Rising to the Good ID Challenge". The focus was on the establishment of a vaccine with **an embedded digital passport** under the auspices of GAVI (Alliance for Vaccine Identity). The stated objective was the creation of a global digital database.[1]

"Digital ID is being defined and implemented today, and we recognize the importance of swift action to close the identity gap," said **Dakota Gruener**, executive director of ID2020:

> "With the opportunity for immunization to serve as a platform for digital identity, the program harnesses existing birth registration and vaccination operations to provide newborns with **a portable and persistent biometrically-linked digital identity**. The program will also explore and assess several leading infant biometric technologies to offer a persistent digital identity from birth …
>
> "We are implementing a forward-looking approach to digital identity that gives individuals control over their own personal information, while still building off existing systems and programs."[2]

October 18, 2019: Event 201. The 201 Pandemic Simulation Exercise

The coronavirus was initially named **2019-nCoV** by the WHO, the same name (with the exception of the placement of the date) as that adopted at the October 18, 2019 201 simulation exercise under the auspices of the Johns Hopkins Bloomberg School of Health, Center for Heath Security (an event sponsored by the Gates Foundation and World Economic Forum). Event 201:

> "In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called Event 201 with partners, the World Economic Forum and the Bill & Melinda Gates Foundation. … For the scenario, we modeled a fictional coronavirus pandemic, **but we explicitly stated that it was not a prediction**." (emphasis added, see Chapter I)[3]

December 12, 2019: The Wuhan Municipal Health Commission

When the advisory claims this date to be the earliest original onset date of the 59 patients with unexplained viral pneumonia. (Timeline and Early Chronology)[4]

December 31, 2019: First cases of pneumonia of unknown cause detected in Wuhan, Hubei Province and reported to the WHO. "A total of 44 cases were reported: 11 patients are severely ill, while the remaining 33 are in stable condition."[5]

January 1, 2020: Chinese health authorities closed the Huanan Seafood Wholesale Market in Wuhan following Western media reports claiming that wild animals sold there may have been the source of the virus. This initial assessment was subsequently refuted by Chinese scientists.

January 7, 2020: The Chinese authorities (allegedly) "identified a new type of virus" which (according to reports) was isolated on January 7, 2020. No specific details were provided regarding the process of isolation of the virus. According to scientific reports, the identity as well as the process of isolation of the virus had not been undertaken (for further details, see Chapter III). The number of cases was exceedingly low. "44 cases of pneumonia even though viral-specific nucleic acids were found on only 15 patients". **No evidence of an unfolding epidemic in China.**[6]

January 11, 2020: The Wuhan Municipal Health Commission announces the first death caused by the coronavirus.

January 22, 2020: WHO — Members of the WHO Emergency Committee "expressed divergent views on whether this event constitutes a PHEIC [Public Health Emergency of International Concern] or not". The Committee meeting was reconvened on January 23, 2020, overlapping with the World Economic Forum meetings in Davos (January 21-24, 2020). **The small number of cases in China did not justify a PHEIC.**[7]

> The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should be reconvened in a matter of days to examine the situation further. (WHO, Statement on the meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV))[8]

January 21-24, 2020: Consultations at the World Economic Forum, Davos, Switzerland

The consultations were held under the auspices of the **Coalition for Epidemic Preparedness Innovations (CEPI)** for the development of a vaccine program. CEPI is a WEF-Gates partnership. With support from CEPI, Seattle-based Moderna will manufacture an **mRNA vaccine against 2019-nCoV**:

> "The Vaccine Research Center (VRC) of the National Institute of Allergy and Infectious Diseases (NIAID), part of NIH, collaborated with Moderna to design the vaccine."[9]

The evidence suggests that the **2019-nCoV vaccine project was already underway in 2019** (see Chapter VIII). It was officially announced at Davos, two weeks after the January 7, 2020 announcement by the Chinese authorities, and barely a week prior to the official launching of the WHO's worldwide Public Health Emergency on January 30, 2020.

The WEF-Gates-CEPI vaccine announcement precedes the WHO's Public Health Emergency of International Concern (PHEIC). See WEF video.

Dominant financial interests, billionaire foundations and international financial institutions played a key role in launching the WHO PHEIC.

In the week preceding this historic WHO decision, the PHEIC was the object of "consultations" at the World Economic Forum (WEF) in Davos (January 21-24). **The WHO Director-General Dr. Tedros was present at Davos**. Were these consultations instrumental in influencing the WHO's historic decision on January 30?

Was there a conflict of interest as defined by the WHO? The WHO's largest donor is the Bill and Melinda Gates Foundation which, together with the WEF and CEPI, **had already announced in Davos the development of a COVID-19 vaccine prior to the historic January 30 launching of the PHEIC**.[10]

The WHO Director-General had the backing of the Bill and Melinda Gates Foundation, Big Pharma and the World Economic Forum (WEF). There are indications that the decision for the **WHO to declare a Global Health Emergency** was taken on the sidelines of the WEF in Davos (January 21-24) overlapping with the January 22 meeting of the Emergency Committee in Geneva.

January 28, 2020: The US Centers for Disease Control and Prevention (CDC) confirmed (without firm evidence) that the novel coronavirus had been isolated (see Chapter III).[11]

January 30, 2020: The WHO's Public Health Emergency of International Concern (PHEIC)

The first stage of this crisis was launched by the WHO on **January 30th**. While officially it was not designated as a "pandemic", it nonetheless contributed to spearheading the fear campaign.

From the very outset, the estimates of "confirmed positive cases" have been part of a "Numbers Game".

In some cases, the statistics were simply not mentioned and in other cases, the numbers were selectively inflated with a view to creating panic.

Not mentioned by the media, the number of "confirmed cases" based on faulty estimates (RT-PCR) used to justify this far-reaching decision was ridiculously low.

The worldwide population outside China is of the order of 6.4 billion. On January 30, 2020, outside China there were:

> "**83 cases in 18 countries, and only 7** of them had no history of travel in China." (See WHO, January 30, 2020)[12]

On January 29, 2020, the day preceding the launching of the PHEIC (recorded by the WHO), there were **five cases in the US, three in Canada, four in France, and four in Germany**.[13]

There was no "scientific basis" to justify the launching of a worldwide public health emergency.

Region of the Americas	United States of America	5
	Canada	3
European Region	France	4
	Germany	4

Screenshot from WHO, January 29, 2020

Those low numbers (not mentioned by the media) did not prevent the launching of a worldwide fear campaign.

January 31, 2020: President Trump's Decision to Suspend Air Travel with China

On the following day (January 31, 2020), Trump announced that he would deny entry to the US of both Chinese and foreign nationals "who have traveled in China in the last 14 days". This immediately triggered a crisis in air travel, transportation, US-China trade relations as well as freight and shipping transactions.

Whereas the WHO "[did] not recommend any travel or trade restrictions," the **five so-called "confirmed cases" in the US** were sufficient to "justify" **President Trump's January 31st, 2020 decision** to suspend air travel with China while precipitating a hate campaign against ethnic Chinese throughout the Western world.

This historic January 31st decision paved the way for the disruption of international commodity trade as well as for the imposition of worldwide restrictions on air travel. It was eventually instrumental in spearheading the bankruptcy of major airlines.

"Fake media" immediately went into high gear. China was held responsible for "spreading infection" worldwide.

Early February 2020: The acronym of the coronavirus was changed from **nCoV-2019** (its name under the October Event 201 Johns Hopkins Simulation Exercise) to **SARS-CoV-2**. COVID-19 indicates the disease triggered by SARS-CoV-2.

February 20-21, 2020: Worldwide COVID data outside China. The Diamond Princess cruise ship

While China reported a total of 75,567 cases of COVID-19 (February 20), the confirmed cases outside China were abysmally low and the statistics based, in large part, on the RT-PCR test used to confirm the "worldwide spread of the virus" were questionable to say the least. Moreover, out of the 75,567 cases in China, a large percentage had recovered. And recovery figures were not acknowledged by the media.

On the day of Dr. Tedros's historic press conference (February 20, 2020), the recorded number of **confirmed cases outside China was 1,073 of which 621 were passengers and crew on the Diamond Princess Cruise Ship** (stranded in Japanese territorial waters).

From a statistical point of view, the WHO decision pointing to a potential "spread of the virus worldwide" did not make sense.

On February 20th, **57.9% of the worldwide COVID-19 "confirmed cases" were from the Diamond Princess**, hardly representative of a worldwide "statistical trend". The official story is as follows:

- A Hong Kong-based passenger who had disembarked from the Diamond Princess in Hong Kong on January 25 developed pneumonia and was tested positive for the novel coronavirus on January 30.
- He was reported to have travelled on January 10 to Shenzhen on mainland China (which borders on Hong Kong's new territories).
- The Diamond Princess arrived in Yokohama on February 3. A quarantine was imposed on the cruiser, see NCBI study.[14]

- Many passengers fell sick due to the confinement on the boat.
- All the passengers and crew on the Diamond Princess undertook the PCR test.
- The number of confirmed cases increased to 691 on February 23.[15]

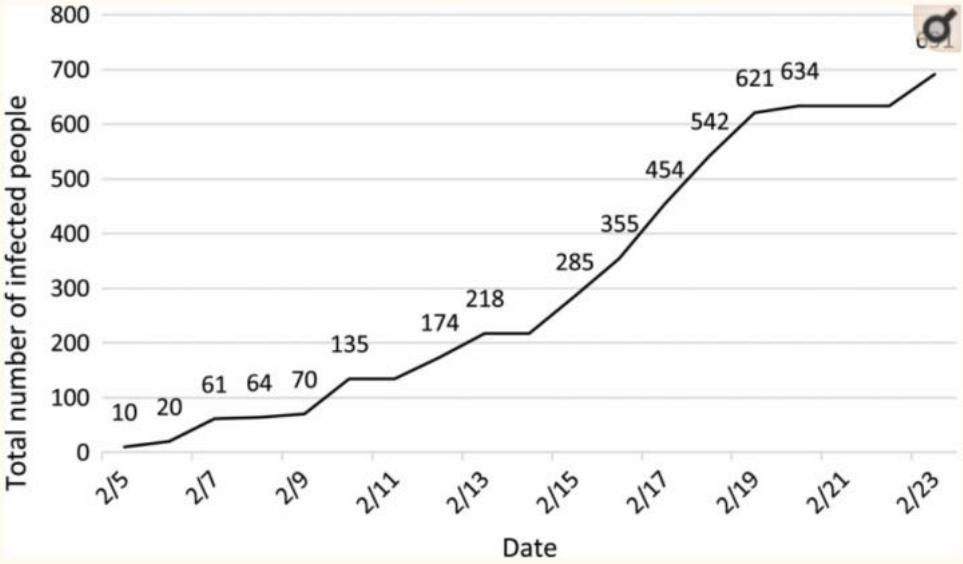


FIGURE 2

Infected Passengers and Crew Members on the Diamond Princess. (All Data Were Retrieved From Press Releases By the Ministry of Health, Labour and Welfare of Japan.[6])

Source: Nakazawa, E., Ino, H., et al. (Published on NCBI)

Read carefully: From the standpoint of assessing worldwide statistical trends, the data doesn't add up. **Without the Diamond Princess data, the so-called confirmed cases worldwide** outside China on February 20, 2020 were of the order of **452, out of a population of 6.4 billion.**

Examine the WHO graph below. The blue indicates the confirmed cases on the Diamond Princess (international conveyance which arrived in Yokohama on February 3, 2020), many of whom were sick, confined to their rooms for more than two weeks (quarantine imposed by Japan). All passengers and crew took the RT-PCR test (which does not detect or identify SARS-CoV-2).

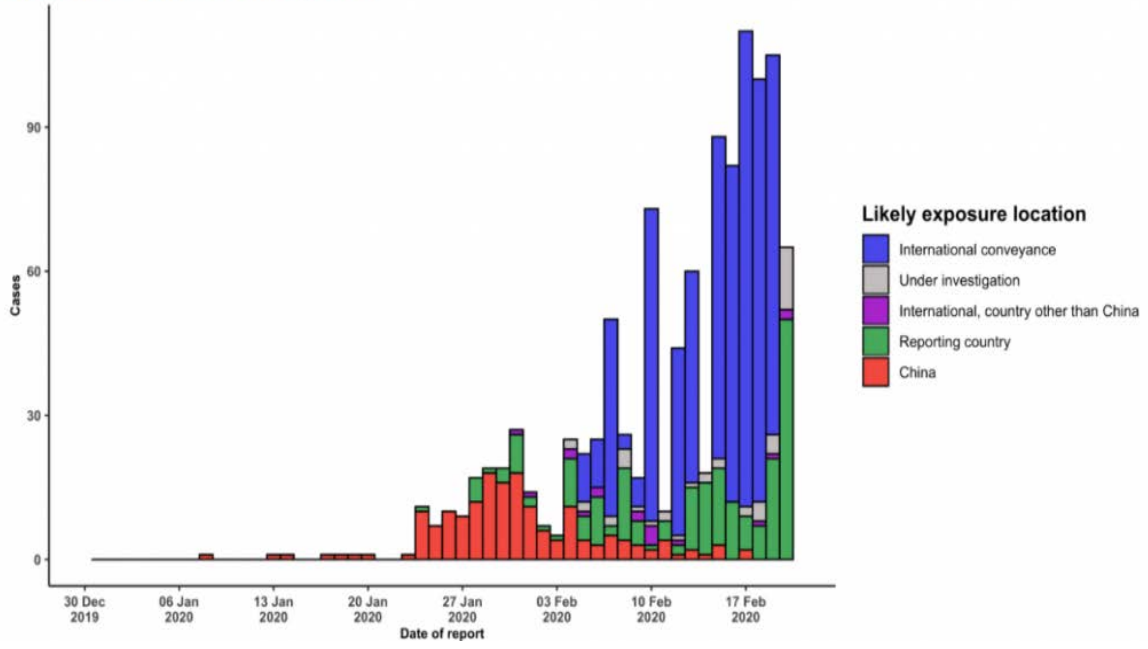
Needless to say, this so-called data was instrumental to spearheading the fear campaign and the collapse of financial markets in the course of the month of February 2020 (see Chapter IV).

Other						
International conveyance‡ (Diamond Princess)	621 (79)	0 (0)	0 (0)	0 (0)	621 (79)	2 (2)

Case classifications are based on WHO case definitions for COVID-19.
Location of transmission is classified based on WHO analysis of available official data and may be subject to reclassification as additional data become available.
Cases identified on a cruise ship currently in Japanese territorial waters.

Source: WHO, February 2020

Figure 3. Epidemic curve of COVID-19 cases (n=1073) identified outside of China, by date of report and likely exposure location, 20 February 2020



Source: WHO, February 2020

February 20th, 2020: Director General of WHO intimates that the COVID-19 pandemic is imminent

At a press conference on the 20th of February, Thursday afternoon (CET), in a briefing in Geneva, the WHO Director-General **Dr. Tedros Adhanom Ghebreyesus** said that he was

> **"concerned that the chance to contain the coronavirus outbreak was "closing"" …**
>
> **"I believe the window of opportunity is still there, but that the window is narrowing."**[16]

There were only 1,076 cases outside China (including the Diamond Princess Cruise Ship):

> The data from China continue to show a decline in new confirmed cases. Once again, we're encouraged by this trend, but this is no time for complacency.
>
> Outside China, there are now 1076 cases in 26 countries, with a total of seven deaths.

Excerpt from the WHO Director-General's opening remarks, February 20th, 2020 (Source: WHO)

Note: The WHO graph above, showing data for February 20, 2020, indicates 1,073 cases; however, the WHO press conference indicated 1,076 cases.

These “shock and awe” statements contributed to heightening the fear campaign, despite the fact that the number of confirmed cases outside China was exceedingly low.

February 20-21, 2020 marks the beginning of the 2020 Financial Crash (see Chapter IV).

Excluding the Diamond Princess, the WHO recorded on February 20 a total of **452 so-called “confirmed cases” worldwide outside China, for a population of 6.4 billion — 15 in the US, 8 in Canada, 9 in the UK** (see table on the right). Those are the figures used to justify Dr. Tedros’s warnings, *“the window is narrowing”*:

> A larger number of cases outside China was recorded in South Korea (153 cases according to WHO) and Italy (recorded by national authorities).

Region of the Americas	
United States of America	15 (0)
Canada	8 (0)
European Region	
Germany	16 (0)
France	12 (0)
The United Kingdom	9 (0)
Italy	3 (0)
Russian Federation	2 (0)
Spain	2 (0)
Belgium	1 (0)
Finland	1 (0)
Sweden	1 (0)

Image: WHO data recorded on February 20, 2020, at the outset of the so-called COVID Financial Crash. (Source: WHO)

The statement by Dr. Tedros (based on flawed concepts and statistics) set the stage for the February financial collapse (see Chapter IV).

February 24, 2020: Moderna Inc. supported by CEPI announced that its experimental **mRNA COVID-19 vaccine**, known as **mRNA-1273**, was ready for human testing.[17]

February 28, 2020: A WHO vaccination campaign was announced by WHO Director-General **Dr. Tedros Adhanom Ghebreyesus:**[18]

> “More than 20 vaccines are in development globally, and several therapeutics are in clinical trials. We expect the first results in a few weeks”.

It is worth noting that the campaign to develop vaccines was initiated prior to the decision of the WHO to launch a Global Public Health Emergency. It was first announced at the WEF meeting at Davos (January 21-24) by CEPI.

Early March 2020: **China**. More than 50% of the infected patients recovered. A total of **49,856** patients had recovered from COVID-19 and were discharged from hospitals in China.

The WHO recorded a total of 80,304 confirmed cases in China on March 3, 2020. What this means is that the total number of “**confirmed infected cases**” **in China was at 30,448**. Namely, 80,304 minus 49,856 = 30,448. **No evidence of a pandemic in China**.

These developments concerning “recovery” were not reported by the Western media.

March 5, 2020: WHO Director-General confirmed that, outside China, there were **2,055 cases reported in 33 countries**. Around 80% of those cases were from three countries (South Korea, Iran and Italy).[19]

March 7, 2020: USA. The number of “confirmed cases” (infected and recovered) in **the United States in early March was of the order of 430, rising to about 600** (March 8). A rapid rise in COVID positive cases was recorded in the the course of the month of March.

Compare these figures to those pertaining to **Influenza B virus**. The CDC estimated for 2019-2020 (for the US) “at least 15 million virus flu illnesses… 140,000 hospitalizations and 8,200 deaths”. (The Hill)[20]

March 7, 2020: China. No pandemic in China. Reported new cases in China fell to double digit. **99 cases recorded on March 7**. All of the new cases outside Hubei province were categorized as "imported infections" (from foreign countries). The reliability of the data remains to be established:

> 99 newly confirmed cases including 74 in Hubei Province, … The new cases included 24 imported infections — 17 in Gansu Province, three in Beijing, three in Shanghai and one in Guangdong Province.[21]

March 11, 2020: The historic COVID-19 pandemic lockdown, "Closing Down" of approximately 190 National Economies (Chapter IV)

The WHO Director-General had already set the stage in his February 21st Press Conference.[22]

> "The world should do more to prepare for a possible coronavirus pandemic." The WHO had called upon countries to be "in a phase of preparedness".

The WHO officially declared a worldwide pandemic at a time when there were 118,000 confirmed cases and 4,291 deaths worldwide (including China). (March 11, 2020, according to press conference)[23] What do these "statistics" tell you?

The number of confirmed cases outside China (6.4 billion population) was of the order of 44,279 and 1,440 deaths (figures recorded by the WHO for March 11 on March 12, see table on the right). These are the figures used to justify the lockdown and the closing down of approximately 190 national economies.[24]

(The number of deaths outside China mentioned in Tedros's press conference was 4,291).

In the US recorded on March 11, 2020, there were, according to Johns Hopkins, **1,335 "cases" and 29 deaths** ("presumptive" plus PCR confirmed).

Image: Total cases on March 12, 2020 (Source: WHO)

No evidence of a pandemic on March 11, 2020.

Immediately following the March 11, 2020 WHO announcement, the fear campaign went into high gear. (The economic and financial impacts are reviewed in Chapter IV)

March 16, 2020: Moderna mRNA-1273 was tested in several stages with 45 volunteers in Seattle, Washington State. The vaccine program started in early February:

> "We don't know whether **this vaccine will induce an immune response, or whether it will be safe.** That's why we're doing a trial," Jackson stressed. "It's not at the stage where it would be possible or prudent to give it to the general population." (AP, March 16, 2020)[25]

March 18, 2020: Lockdown in the United States

November 8, 2020: The COVID-19 mRNA "vaccine" was launched. (Chapter VIII)

Mid to late December 2020: Worldwide implementation of the mRNA vaccine program.

January 2021 (onwards): Rising trend in vaccine-related deaths and adverse events documented by official data as well as by the Pfizer Confidential Report (see Chapter VIII).

March 2021: Fictional Exercise Scenario of a Deadly Monkeypox Virus Pandemic

A Tabletop Simulation of a "**fictional exercise scenario involving an unusual strain of monkeypox virus**" was presented at the **March 2021 Munich Security Conference**. It was sponsored by the Nuclear Threat Initiative's (NTI) program of "Strengthening Global Systems to Prevent and Respond to High-Consequence Biological Threats" (see Chapter XIII).

Two of the participants of the Johns Hopkins **Event 201 October 2019 Tabletop Simulation** of a novel coronavirus were present: **Dr. George Gao Fu**, head of China's CDC and **Dr. Chris Elias**, President of the Global Development Division of the Gates Foundation.[26]

May-June 2021: The Delta variant and "a fourth wave" were announced.

The alleged dangers of the Delta variant were used to speed up the vaccination program as well as the imposition of the vaccine passport.

August-September 2021: The Imposition of a Vaccine Passport in Several Western countries

October 2021: Release of the Pfizer Confidential Report under freedom of information (FOI)

This report confirms the impacts (death and adverse events) of the Pfizer-BioNTech mRNA vaccine (see Chapter VIII).[27]

November 2021: The **Omicron variant** was allegedly detected in South Africa. The fear campaign triggered a renewed crisis in air travel, coupled with disruptions in commodity trade.[27]

November 2021-January 2022: Distribution of billions of COVID antigen and home test kits worldwide which contributed to doubling the number of so-called "COVID-19 confirmed cases" in the course of six months. More than a billion home and antigen tests in the US, 291 million in Canada.[28]

December 24, 2021: The COVID-19 Christmas Omicron lockdown

No large Christmas reunions, the imposition of stay at home mandates, partial closure of bars and restaurants (leading to more bankruptcies), cancellation of sports and cultural events. The unspoken objective is **to isolate human beings — prevent people from socializing and meeting up with their loved ones**.

January-February 2022: Partial lockdowns. Discriminatory practices directed against the unvaccinated

In many countries, the unvaccinated were confined to their homes, prevented from traveling, fired from their jobs, prevented from attending schools and universities. They were accused of being extremists and psychopaths. These social divisions are creating conflicts within families and local communities, literally contributing to the disruption of social life, with devastating impacts on economic activity (see Chapter XI).

Canada's Freedom Convoy 2022

January-Early February 2022: Mass protest movement in Canada against the vaccine mandate.

Freedom Convoy 2022, Ottawa, February 2022. (Copyright Global Research)

March 2022: The launching of the WHO Pandemic Treaty

In March 2022, the WHO launched an Intergovernmental Negotiating Body (INB) with a mandate to create "**A Pandemic Treaty**", i.e. a global health governance entity which if adopted would override the authority of WHO member states (see Chapter XIII).

China's COVID Zero Tolerance Mandate imposed on Shanghai

Starting on March 28, 2022: The COVID Zero Tolerance Mandate was imposed on Shanghai, a port city of 26 million people. Initially in Shanghai then extended to major Chinese cities in the course of the following months (April-July 2022) (see Chapter IV).

May 13, 2022: The WHO announces a Monkeypox Outbreak

According to the WHO:

> **Since 13 May 2022**, cases of monkeypox have been reported to [the] WHO from 12 Member States that are not endemic for monkeypox virus, across three WHO regions. Epidemiological investigations are ongoing, … As of 21 May, **92 laboratory confirmed cases, and 28 suspected cases** of monkeypox with investigations ongoing, have been reported to WHO from 12 Member States" (see Chapter XIII).

June-July 2022: The seventh wave. Alleged "imminent danger" of the Omicron BA-4 and BA-5 sub-variants.

July 23, 2022: The Monkeypox Public Health Emergency of International Concern (PHEIC)

The WHO Director-General declared a Public Health Emergency of International Concern (PHEIC) pertaining to the monkeypox virus.

Dr. Tedros Adhanom Ghebreyesus took this decision unilaterally against a majority vote of International Health Regulations (2005) (IHR) Emergency Committee.

> "We have an outbreak that has spread around the world rapidly through new modes of transmission… Although I [Tedros] am declaring a public health emergency of international concern, for the moment **this is an outbreak that is concentrated among men who have sex with men, especially those with multiple sexual partners.**"[29] (See Chapter XIII)

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——————————CHAPTER III——————————

What Is COVID-19, SARS-CoV-2:

How Is It Tested? How Is It Measured?

"The PCR is a process. It does not tell you that you are sick." –**Dr. Kary Mullis**, Nobel Laureate and Inventor of the RT-PCR, passed away in August 2019.

"…All or a substantial part of these positives could be due to what's called ***false positives tests****."* –**Dr. Michael Yeadon**, distinguished scientist, former Vice President and Chief Science Officer of Pfizer

"This misuse of the RT-PCR technique is applied as ***a relentless and intentional strategy by some governments to justify excessive measures*** *such as the violation of a large number of constitutional rights, … under the pretext of a pandemic* ***based on a number of positive RT-PCR tests, and not on a real number of patients****."* –**Dr. Pascal Sacré**, Belgian physician specialized in critical care and renowned public health analyst.

"I have seen massive efforts made to ***deliberately inflate Covid death numbers*** *by relabelling cancer patients and stroke victims and all manner of normal regular deaths as Covid, in fact virtually anyone getting into an ambulance. The methods used to do so were totally flawed, PCR tests for example being run on 45 cycles we all know to be worthless, yet people are being euthanised on this basis and sometimes only on the basis of a chest x-ray alone."* –**John O'Looney**, Funeral Director, Milton Keynes, U.K.

Introduction

Media lies coupled with a systemic and carefully engineered fear campaign have sustained the image of a **killer virus** which is relentlessly spreading to all major regions of the world.

Several billion people in more than 190 countries have been tested (as well as retested) for COVID-19.

At the time of writing, more than 500 million people worldwide have been categorized as "**COVID-19 confirmed cases**" ("cumulative cases").

The alleged pandemic is said to have resulted in more than 5.8 million COVID-19-related deaths.

Both sets of figures — morbidity and mortality — are invalid. A highly organized COVID testing apparatus (part of which is funded by the billionaire foundations) was established with a view to driving up the numbers of "**COVID-19 confirmed cases**", which are then used as a justification to impose the "vaccine" passport coupled with the repeal of fundamental human rights.

From the outset of this crisis in January 2020, all far-reaching policy decisions upheld and presented to the public as a "means to saving lives" **were based on flawed and invalid RT-PCR positive cases**.

These invalid COVID-19 "estimates" have been used to justify confinement, social distancing, wearing of the face mask, the prohibition of social gatherings, cultural and sports events, the closure of economic activity, as well as the enforcement of the mRNA "vaccine" launched in November 2020.

There is no such thing as a "**COVID-19 confirmed case**". Firmly acknowledged both by scientific opinion and the World Health Organization, the **RT-PCR test used to "detect" the spread of the virus (as well as its variants) is not only flawed but TOTALLY INVALID.**

The fear campaign is relentlessly spearheaded by political statements and media disinformation. A closer examination of official reports from national health authorities as well as peer-reviewed articles provides a totally different picture.

In this chapter, we will be focusing on the following issues:

1. **The features of the SARS-CoV-2 virus** as outlined by the WHO, the CDC and peer-reviewed reports. Is it a dangerous virus?
2. **The Reverse Transcription Polymerase Chain Reaction (RT-PCR) Test** used to **"detect/ identify"** SARS-CoV-2.
3. The reliability of the estimates of mortality and morbidity pertaining to the alleged COVID-19 infection.

The Features of SARS-CoV-2

Lies through omission: the media has failed to reassure the broader public. Below is the official WHO definition of COVID-19 followed by that of the CDC:

> **Coronaviruses** are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.
>
> "The most common symptoms of **COVID-19** are fever, dry cough, and tiredness. … These symptoms are usually mild and begin gradually. Some people become infected but only **have very mild symptoms**. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing."[1]

Similar to Influenza According to the CDC

COVID-19 versus Influenza (Flu) Virus A and Virus B (and subtypes)

Rarely mentioned by the media or by politicians: The CDC (which is an agency of the US government) confirms that COVID-19 is similar to Influenza:

> "**Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses.** COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with influenza viruses. **Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis**. Flu and COVID-19 share many characteristics, but there are some key differences between the two."[2]

If the public had been informed and reassured that COVID is “similar to Influenza”, the fear campaign would have fallen flat.

The lockdown and closure of the national economy would have been rejected outright.

According to **Dr. Wolfgang Wodarg**, pneumonia is “regularly caused or accompanied by coronaviruses”.[3]

Immunologists broadly confirm the CDC definition. COVID-19 has similar features to a seasonal influenza coupled with pneumonia.

According to **Anthony Fauci** (Head of NIAID), **H. Clifford Lane**, and **Robert R. Redfield** (Head of CDC) in the New England Journal of Medicine:

> “…the overall clinical consequences of Covid-19 may ultimately be **more akin to those of a severe seasonal influenza** (which has a **case fatality rate of approximately 0.1%**) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.”[4]

How convenient: The above article was first published in the NEJM on March 26, 2020, exactly ten days after the declaration of a national emergency by President Trump on March 16, 2020. Had this authoritative peer-reviewed text been brought to the attention of the American public, the lockdown mandate would have fallen flat.

Fauci speaks to the White House press corps on COVID-19 in April 2020, watched by President Donald Trump (left) and Vice President Mike Pence (right). (By The White House, licensed under the Public Domain)

Dr. Anthony Fauci is lying to himself. In his public statements, he says that COVID is **“ten times worse than seasonal flu”**.[5]

He refutes his peer-reviewed report quoted above. From the outset, Fauci has been instrumental in waging a fear and panic campaign across America.[6]

The Reverse Transcription Polymerase Chain Reaction (RT-PCR) Test

The slanted methodology applied under WHO guidance for detecting the alleged spread of the virus is the Reverse Transcription Polymerase Chain Reaction (RT-PCR) test, which has been routinely applied all over the world since February 2020.

The RT-PCR test has been used worldwide **to generate millions of erroneous "COVID-19 confirmed cases",** which are then used to sustain the illusion that the alleged pandemic is real.

This assessment based on erroneous numbers has been used in the course of the last two and a half years to spearhead and sustain the fear campaign.

And people are now led to believe that the COVID-19 "vaccine" is the "solution". And that "normality" will be restored once the entire population of planet Earth has been vaccinated.

"Confirmed" is a misnomer. A "**confirmed RT-PCR positive case**" does not imply a "**COVID-19 confirmed case**".

> **Positive RT-PCR is not synonymous with the COVID-19 disease!** PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient's state of health to confirm its value [reliability]. (**Dr. Pascal Sacré**)[7]

The procedure used by the national health authorities is to categorize all **RT-PCR positive cases** as **"COVID-19 confirmed cases"** (with or without a medical diagnosis). Ironically, this routine process of identifying "confirmed cases" is in derogation of the CDC's own guidelines:

> **"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.** The performance of this test has not been established for monitoring treatment of 2019-nCoV infection. This test cannot rule out diseases caused by other bacterial or viral pathogens."[8] (emphasis added)

The methodology used to detect and estimate the spread of the virus is flawed and invalid.

False Positives

The earlier debate at the outset of the crisis focused on the issue of "false positives."

Acknowledged by the WHO and the CDC, the RT-PCR test was known to produce a high percentage of **false positives**. According to **Dr. Pascal Sacré**:

> "Today, as authorities test more people, there are bound to be more positive RT-PCR tests. This does not mean that COVID-19 is coming back, or that the epidemic is moving in waves. **There are more people being tested, that's all."**[9]

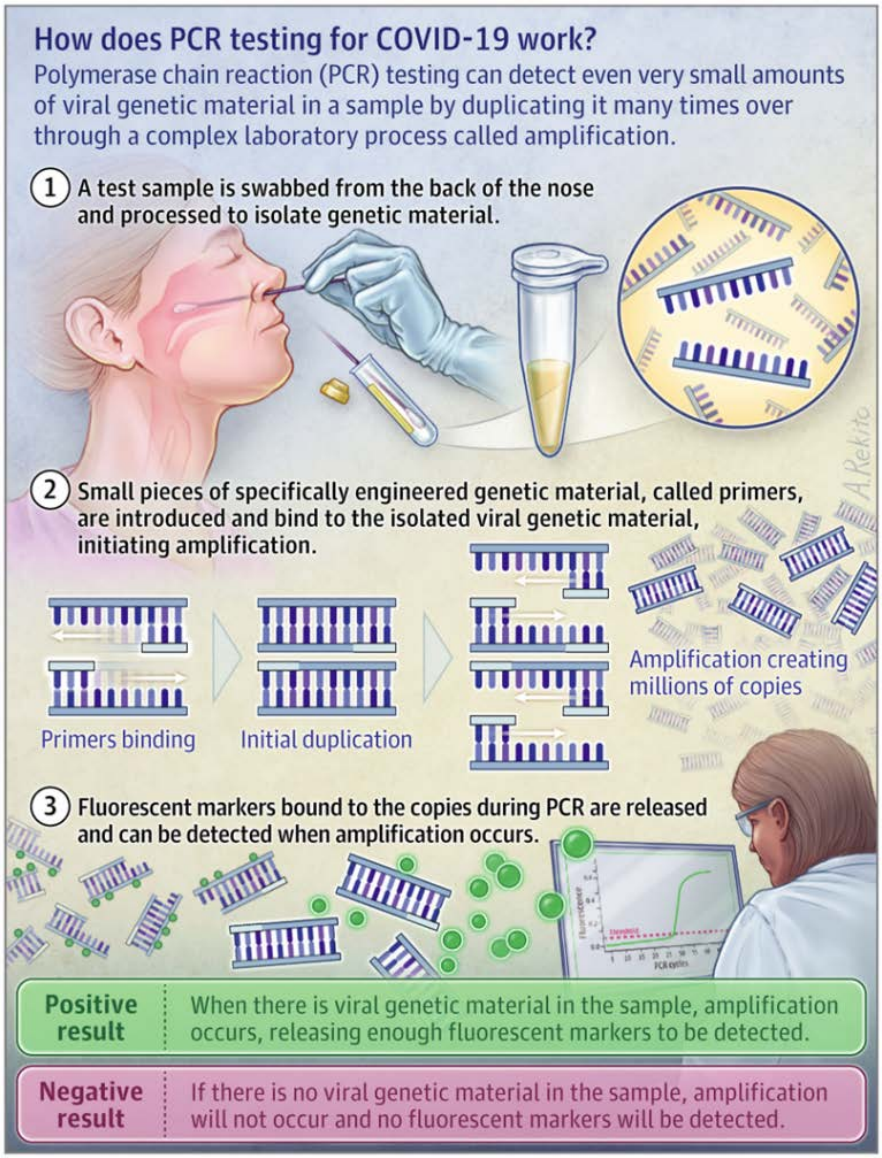
The debate on false positives (acknowledged by health authorities) points to so-called errors without necessarily questioning the overall validity of the RT-PCR test as a means to detecting the alleged spread of the SARS-CoV-2 virus.

The PCR Test Does Not Detect the Identity of the Virus

The RT-PCR test does not identify/detect the virus. What the PCR test identifies are **genetic fragments of numerous viruses** (including influenza viruses types A and B and coronaviruses which trigger common colds).

The results of the RT-PCR test cannot "confirm" whether an individual who undertakes the test is infected with SARS-CoV-2.

The following diagram summarizes the process of identifying positive and negative cases. All that is required is the presence of "viral genetic material" for it to be categorized as "positive". The procedure does not identity or isolate COVID-19. What appears in the tests are fragments of the virus.[10]



Source: Commonwealth Fund

A positive test does not mean that you have the virus and/or that you could transmit the virus.

According to **Dr. Kary Mullis**, inventor of the PCR technique,

> **"The PCR detects a very small segment of the nucleic acid which is part of a virus itself."**

According to renowned Swiss immunologist **Dr. B. Stadler:**

> So if we do a PCR corona test on an immune person, **it is not a virus that is detected**, but a small shattered part of the viral genome. **The test comes back positive for as long as there are tiny shattered parts of the virus left**. Even if the infectious viri are long dead, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material enough [to be detected].[11]

Dr. Pascal Sacré concurs, "**These tests detect viral particles, genetic sequences, not the whole virus**."[12]

> "In an attempt to quantify the viral load, these sequences are then amplified several times through numerous complex steps that are subject to errors, sterility errors and contamination."

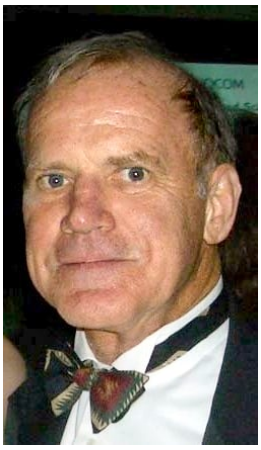


Image: Dr. Kary Mullis, American biochemist and Nobel laureate. (By Dona Mapston/Flickr, licensed under CC BY-SA 3.0)

The WHO's "Customized" RT-PCR COVID-19 "Test"

Two important and related issues.

The PCR test **does not identify the virus** as outlined above. Moreover, the WHO in January 2020 **did not possess an isolate and purified sample of the novel 2019-nCoV virus.**

What was contemplated in January 2020 was a "customization" of the PCR test by the WHO, under the scientific guidance of the **Berlin Virology Institute** at Charité Hospital.

Dr. Christian Drosten and his colleagues at the Berlin Virology Institute undertook a study entitled "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR".[13]

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Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR

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Screenshot from Eurosurveillance

The title of the Berlin Virology Institute study is an obvious misnomer. The PCR test cannot "detect" the 2019 novel coronavirus. (See Dr. Kary Mullis, Dr. B. Stadler, Dr. Pascal Sacré quoted above).

Moreover, the study published by Eurosurveillance acknowledges that the WHO **did not possess an isolate and purified sample of the novel 2019-nCoV virus:**

> [While]… **several viral genome sequences had been released,… virus isolates or samples [of 2019-nCoV] from infected patients were not available** …"[14]

The Drosten, et al. team then recommended to the WHO that in the absence of an isolate of the **2019-nCoV** virus, a similar **2003 SARS-CoV** should be used as a "proxy" (point of reference) of the novel virus:

> "The genome sequences suggest presence of a virus closely related to the members of **a viral species termed severe acute respiratory syndrome (SARS)-related CoV,** a species defined by the agent of the 2002/03 outbreak of SARS in humans [3,4].
>
> We report on the the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], **designed in absence of available virus isolates or original patient specimens.** Design and **validation were enabled by the close genetic relatedness to the 2003 SARS-CoV**, and aided by the use of synthetic nucleic acid technology." (Eurosurveillance, January 23, 2020, **emphasis added).**[15]

What this ambiguous statement suggests is that **the identity of 2019-nCoV was not required** and that "COVID-19 confirmed cases" (aka infection resulting from the 2019 novel coronavirus) **would be validated by "the close genetic relatedness to the 2003 SARS-CoV."**

What this means is that a coronavirus detected 19 years ago (2003 SARS-CoV) **is being used to "validate" the identity of a so-called "novel coronavirus**" first detected in China's Hubei Province in late December 2019.

The recommendations of the Drosten study (generously supported and financed by the Gates Foundation) were then transmitted to the WHO. They were subsequently endorsed by the Director-General of the WHO, **Dr. Tedros Adhanom Ghebreyesus.**

The WHO did not have in its possession the "**virus isolate"** required to identify the virus. **It was decided that an isolate of the new coronavirus was not required.**

The Drosten, et al. article pertaining to **the use of the RT-PCR test worldwide** (under WHO guidance) was challenged in a November 27, 2020 study by a group of 23 international virologists, microbiologists, et al.

It stands to reason that if the PCR test uses the 2003 SARS-CoV virus as "a point of reference", there can be no "confirmed" COVID-19 cases of the novel virus 2019-nCoV (subsequently renamed SARS-CoV-2) or of its variants.

Has the Identity of the 2019-nCoV Been Confirmed? Does the Virus Exist?

While the WHO did not possess an isolate of the virus, is there valid and reliable evidence that the 2019 novel coronavirus had been isolated from an "unadulterated sample taken from a diseased patient"?[16]

The Chinese authorities announced on January 7, 2020 that "a new type of virus" had been "identified" "similar to the one associated with SARS and MERS" (related report, not original Chinese government source). The underlying method adopted by the Chinese research team is described below:

> We prospectively collected and analysed data on patients **with laboratory-confirmed 2019-nCoV infection by real-time RT-PCR and next-generation sequencing**.
>
> Data were obtained with standardised data collection forms shared by WHO and the International Severe Acute Respiratory and Emerging Infection Consortium from electronic medical records.[17] (emphasis added)

The above study (quotation above as well as other documents consulted) suggests that China's health authorities did not undertake an isolation/purification of a patient's specimen. Using "laboratory-confirmed 2019-nCoV infection by real-time RT-PCR" (as quoted in their study) is an obvious misnomer, i.e. the RT-PCR test cannot under any circumstances be used to identify the virus. **The isolate of the virus by the Chinese authorities is unconfirmed.**[18]

Freedom of Information Pertaining to the Isolate of SARS-CoV-2

A detailed investigative project by Christine Massey entitled Freedom of Information Requests: Health/ Science Institutions Worldwide "Have No Record" of SARS-COV-2 Isolation/Purification provides documentation concerning the identity of the virus. The responses to these requests from 127 entities in 25 countries confirm that **there is no record of isolation/purification of SARS-CoV-2** "having been performed by anyone, anywhere, ever."[19]

The Threshold Amplification Cycles. The WHO Admits that the Results of the RT-PCR "Test" Are Totally Invalid

The **RT-PCR** test was adopted by the WHO on January 23, 2020 as a means to detecting the SARS-CoV-2 virus, following the recommendations of the Berlin Virology research group (quoted above).

Exactly one year later on January 20, 2021, the WHO retracts. They don't say "we made a mistake". The retraction is carefully formulated (see original WHO document here).[20]

The contentious issue pertains to the number of amplification threshold cycles (Ct). According to Pieter Borger, et al.:

> The number of amplification cycles [should be] less than 35; preferably 25-30 cycles. In case of **virus detection, >35 cycles** only detects signals which do not correlate with infectious virus as determined by isolation in cell culture…(Critique of Drosten Study)[21]

The World Health Organization (WHO) tacitly admits one year later that **ALL PCR tests conducted at a 35 cycle amplification threshold (Ct) or higher are INVALID**. But that is what they recommended in January 2020, in consultation with the Virology team at Charité Hospital in Berlin.

If the test is conducted at a 35 Ct threshold or above (which was recommended by the WHO), genetic segments of the SARS-CoV-2 virus cannot be detected, which means that **ALL the so-called "COVID-19 confirmed cases" tabulated worldwide in the course of the last two and a half years are invalid.**

According to Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, et al., the Ct > 35 has been the norm "in most laboratories in Europe & the US".[22]

The WHO's Mea Culpa

Below is the WHO's carefully formulated "retraction".

> "WHO guidance Diagnostic testing for SARS-CoV-2 states that **careful interpretation of weak positive** results is needed (*1*). **The cycle threshold (Ct)** needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, **a new specimen should be taken and retested** using the same or different NAT technology. (emphasis added)
>
> WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, **the risk of false positive increases** (*2*). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity."[23]

"Invalid Positives" Is the Underlying Concept

This is not an issue of **"weak positives"** and **"risk of false positive increases".** What is at stake is a "flawed methodology" which leads **to invalid estimates of "COVID-19 confirmed cases".**

What this admission of the WHO confirms is that the **estimate of COVID positive from a PCR test** (with an amplification threshold of 35 cycles or higher) is **invalid**. In which case, the WHO recommends retesting, "**a new specimen should be taken and retested…**"

The WHO calls for "**retesting**", which is tantamount to saying "**we screwed up**".

That recommendation is pro-forma. It won't happen. Several billion people worldwide have already been tested, starting in early February 2020.

From the outset, the PCR test has routinely been applied at a Ct amplification threshold of 35 cycles or higher. What this means is that the PCR methodology as applied worldwide has in the course of the last two and a half years led to the compilation of faulty and misleading COVID-19 estimates, which **according to the WHO (January 20, 2021) are based on an invalid methodology**.

And these are the statistics which are used to measure the progression of the so-called "pandemic". Above an amplification cycle of 35 or higher, the test will not detect fragments of the virus. Therefore, **the official "COVID numbers" (COVID-19 confirmed cases) are meaningless**.

It follows that there is no scientific basis for confirming the existence of a pandemic, which in turn means that the lockdown/economic measures which have resulted in social panic, mass poverty and unemployment (allegedly to curtail the spread of the virus) have no justification whatsoever. According to scientific opinion:

> "if someone is tested by PCR as positive **when a threshold of 35 cycles or higher is used** (as is the case in most laboratories in Europe & the US), the **probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97%**
>
> …
>
> **3. The number of amplification cycles (less than 35; preferably 25-30 cycles);**
>
> In case of virus detection, >35 cycles only detects signals which do not correlate with infectious virus as determined by isolation in cell culture [reviewed in 2]; if someone is tested by PCR as

> positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the **probability that said result is a false positive is 97%**" (emphasis added) (Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al. Critique of Drosten Study)[24]

As outlined above, **"the probability that said result is a false positive is 97%"**, it follows that using the >35 cycles detection will indelibly contribute to "hiking up" the number of "fake positives".

The WHO's mea culpa confirms that the COVID-19 PCR test procedure as applied is meaningless.

The CDC Orders the Withdrawal of the PCR Test

The WHO's historic retraction is followed six months later by a mea culpa on the part of the CDC. On July 21, 2021, the Centers for Disease Control and Prevention (CDC) calls for **the withdrawal of the PCR test as a valid method for detecting and identifying SARS-CoV-2:**

> "**After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA)** for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay **first introduced in February 2020 for detection of SARS-CoV-2 only**."
>
> In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC **2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test**.
>
> CDC encourages laboratories to consider adoption of a multiplexed **method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses**. (emphasis added)[25]

Read carefully: what this CDC directive tacitly admits is that **the PCR test does not effectively differentiate between "SARS-CoV-2 and influenza viruses".** We have known this from the outset.

As of January 1, 2022, the CDC has withdrawn its endorsement of the RT-PCR test in the US.

If the PCR test is invalid as intimated by both the CDC and the WHO, more than 574 million so-called "COVID-19 confirmed cases" (July 2022) as well as more than 6.3 million alleged COVID-related deaths (July 2022) collected and tabulated worldwide since the outset of the alleged pandemic are **totally meaningless.**

The Falsification of Death Certificates

Inasmuch as the PCR test is invalid, it follows that the estimates of "COVID-19 confirmed cases" including the detection of variants of SARS-CoV-2 are totally invalid. This in turn means that the methodology pertaining to establishing COVID-19-related deaths worldwide is also invalid.

It is worth noting that in a December 2020 report, the CDC reported that 94% of the deaths attributed to COVID have "comorbidities" (i.e. deaths due to other causes).[26]

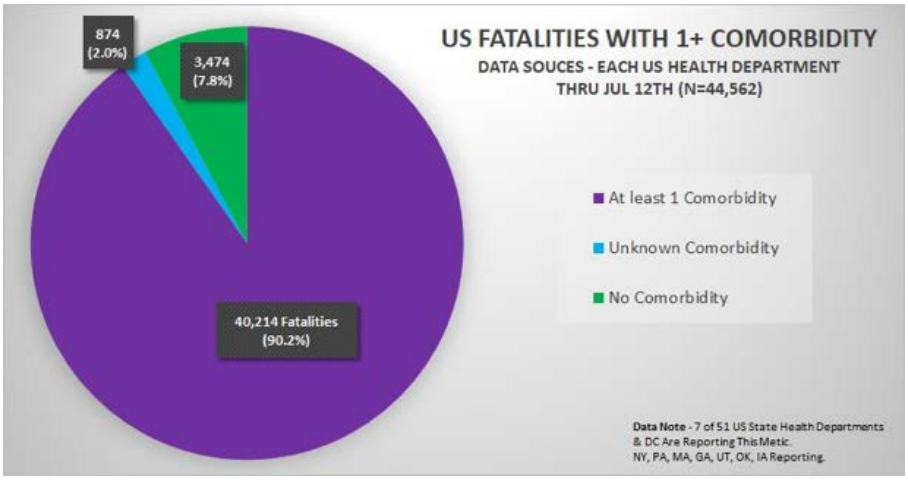
For six percent of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups.

"They're writing COVID on all the death certificates," according to Michael Lanza, Funeral Director at Staten Island, NY.

> "Funeral directors doubt legitimacy of deaths attributed to pandemic, fear numbers are 'padded.'" (Project Veritas)[27]

Moreover, had the CDC used the criteria in its Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting Revision 2003:

> *" …* **the COVID-19 fatality count would have been approximately 90.2%** lower" (See H. Ealy, M. McEvoy, and et al., August 09, 2020)[28]



US Fatalities With At Least 1 Comorbidity. (Source: CDC via IPAK PHPI)

COVID-19: The "Underlying Cause of Death" and the CDC's "More Often Than Not" Clause

While the CDC acknowledged the issue of comorbidities, it nonetheless enacted totally invalid instructions with regard to the death certificates.

Barely a week following the historic March 11, 2020 lockdown, specific guidelines were introduced by the CDC pertaining to death certificates (and their tabulation in the National Vital Statistics System (NVSS)).[29]

Will **COVID-19 be the underlying cause of death**? This concept is fundamental.[30]

The underlying cause of death is defined by the WHO as

> "the disease or injury that initiated the train of events leading directly to death".

What the CDC recommended with regard to statistical coding and categorization is that COVID-19 is expected to be the underlying cause of death "**more often than not**."

The CDC combines these two criteria: "**underlying cause of death**" and "**more often than not**".

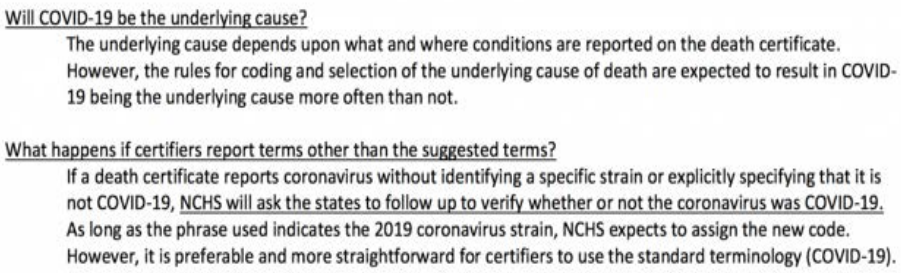
Will COVID-19 be the underlying cause of death?

> "The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of **the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not."**[31]

The above directive is categorical.

The CDC Concepts and Justifications

The certifier is not allowed to report coronavirus without identifying a specific strain. And the guidelines recommend that COVID-19 must always be indicated.



Will COVID-19 be the underlying cause?

The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?

If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

Screenshot from National Vital Statistics System

The certifier cannot depart from the CDC criteria. COVID-19 is imposed. Read carefully the CDC criteria.[32]

There are no loopholes.

These CDC directives have contributed to categorizing COVID-19 as the recorded "cause of death". Two fundamental concepts prevail throughout:

1. **The "underlying cause of death"**
2. **The "More Often than Not" clause which falsifies the cause of death**

And these criteria are imposed despite the fact that the RT-PCR test used to corroborate the "cause of death" provides misleading results as acknowledged by both the WHO and the CDC.

In practice, as outlined above, **"probable COVID-19" or "likely COVID-19"** will be considered as the "underlying cause of death" **without the conduct of a PCR test and without performing an autopsy**.

The criteria establishing the "underlying" cause of death in the US are based on **"the more often than not"** clause (see above) established nationally by the CDC.

Canada: Flawed "Estimates" of the Cause of Death

In Canada, the criteria differ from one province to another. Categorizing the cause of death in Canada's Province of Quebec has been the object of gross manipulation.[33]

According to a directive from Quebec's Ministry of Health (April 2020):

> "If the presumed cause of death is Covid-19 (with or without a positive test) an autopsy **should be avoided** and death should be attributed to Covid-19 as the probable cause of death. In addition, deaths whose probable cause is Covid-19 are considered natural, and are not subject to a coroner's notice." (emphasis from the original document)[34]

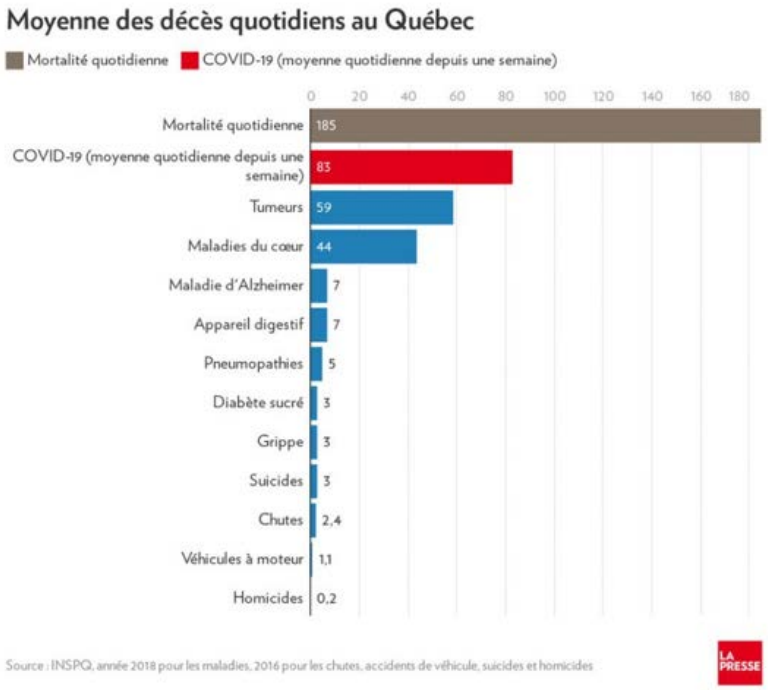
The directive does not allow the counting of comorbidities. Applied on April 16, 2020, this directive was conducive to an immediate sharp increase in the number of deaths attributed to COVID-19:

> **44.9% of total deaths in Quebec were attributed to COVID-19** (week of 11-18 April 2020) (see table below).

According to Montreal's La Presse, "**April [2020] was the deadliest month**". But did La Presse consult the directives of the Ministry of Health?

Below are the (daily) causes of death for Quebec corresponding to the week of April 12 to 18, 2020 (immediately following the government directive) measured according to the criteria issued by the Ministry of Health.[35] There were virtually no COVID cases or deaths recorded in March 2020.

Table below: Causes of Deaths, Daily Average



Source: La Presse

Are these figures the result of the so-called deadly pandemic? Or are they the result of the Ministry of Health's "guidelines" based on erroneous criteria?

- **"presumed"** case pertaining to COVID
- **"with or without a positive test"**
- **"probable"** cause of death
- **"autopsy should be avoided"** in the case of COVID-19
- *"*deaths of which the **probable cause** is COVID-19 are considered natural, and **are not the object of a notice to the coroner**"

According to **Mr. Paul G. Brunet** of the Council for the Protection of the Sick (CPM):

> "… We realized through the denunciations by some of the doctors that people **did not die from COVID, but from dehydration, malnutrition, abandonment**, laments Mr. Brunet. So what did the thousands of people in CHSLDs [old persons nursing homes] and private residences really die of?" (quoted in La Presse, translated from French)

Test, Test, Test: Invalid Data and the "Numbers Game"

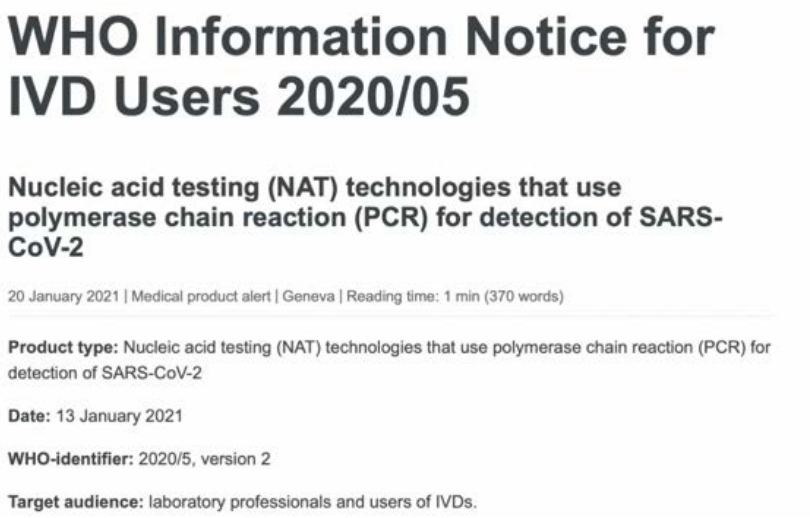
People are frightened. They are encouraged to do the PCR test, which increases the number of fake positives. Governments are involved in increasing the number of PCR tests with a view to inflating the estimates of so-called "COVID-19 confirmed cases".

Moreover, starting in late 2021, several billion antigen and home test kits were distributed worldwide. More than a billion test kits were distributed in the US.

In Canada, which has a population of 38.5 million people, the federal government ordered (late 2021, early 2022) the delivery of 291 million COVID-19 antigen home testing kits. This decision has not only contributed to spearheading the fear campaign, it has created a situation of social chaos. It has contributed to pushing up the numbers of so-called "confirmed cases".[36] These tests are not routinely accompanied by a medical diagnosis of the patient.

Annex to Chapter III

Full text of the WHO directive dated January 20, 2021[37]



WHO Information Notice for IVD Users 2020/05

Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

20 January 2021 | Medical product alert | Geneva | Reading time: 1 min (370 words)

Product type: Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

Date: 13 January 2021

WHO-identifier: 2020/5, version 2

Target audience: laboratory professionals and users of IVDs.

Screenshot from WHO

Nucleic Acid Testing (NAT) Technologies that Use Polymerase Chain Reaction (PCR) for Detection of SARS-CoV-2

Product type: Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

Date: 13 January 2021

WHO-identifier: 2020/5, version 2

Target audience: laboratory professionals and users of IVDs.

Purpose of this notice: clarify information previously provided by WHO. This notice supersedes WHO Information Notice for In Vitro Diagnostic Medical Device (IVD) Users 2020/05 version 1, issued 14 December 2020.

Description of the problem: WHO requests users to follow the instructions for use (IFU) when interpreting results for specimens tested using PCR methodology.

Users of IVDs must read and follow the IFU carefully to determine if manual adjustment of the PCR positivity threshold is recommended by the manufacturer.

WHO guidance Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed (*1*). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (*2*). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information.

Actions to be taken by IVD users:

1. Please read carefully the IFU in its entirety.
2. Contact your local representative if there is any aspect of the IFU that is unclear to you.
3. Check the IFU for each incoming consignment to detect any changes to the IFU.
4. Provide the Ct value in the report to the requesting health care provider.

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CHAPTER IV

Engineered Economic Depression

Introduction

Economics 101. The March 11, 2020 lockdown applied simultaneously in 190 countries has resulted in:

"**The confinement of the labor force"** coupled with

"The paralysis of the workplace".

The predictable impact:

The most serious economic crisis in world history.

The Economics Profession

The economics profession focusing on the "market mechanism" has casually ignored this fundamental causal relationship.

The consensus among both neoclassical as well as "progressive" political economists and social scientists is that **"V the virus", namely SARS-CoV-2 is responsible for the downfall of economic activity.**

A similar position was adopted by trade union organizations including the AFL-CIO: the confinement of the labor force was viewed as a means to "protect" labor rights.

When workers are confined in their homes, prevented from going to their workplace, "the common sense impact" is obvious: **the lockdown is conducive to worldwide economic and social chaos.**

According to mainstream economists and financial analysts, the economic crisis commenced in early March 2022 coinciding with the onslaught of the war in Ukraine.

That position is mistaken.

The ongoing economic and social crisis which is affecting humanity worldwide has its roots in January 2020 following the WEF meetings in Davos and the launching of a Public Health Emergency of International Concern (PHEIC) by the WHO (January 30, 2020).

Distinct Phases and Consequences

There are several distinct phases in the engineered destabilization of the global economy which are examined in this chapter:

- Late January 2020: the Trump administration announced (Jan 31, 2020) that the U.S. will deny entry to foreign nationals "who have traveled in China in the last 14 days".[1] Trump's decision immediately triggered a **crisis in air travel and transportation which is still ongoing. China-US trade as well as the tourism industry were disrupted.**
- **February 20, 2020**: The WHO Director-General Dr. Tedros's warning that a pandemic was imminent served to trigger **the most serious financial crash since 1929.**
- The **March 11, 2020 lockdown was conducive to the "closing down" of approximately 193 national economies,** with devastating economic and social consequences.
- **November-December 2020:** A partial lockdown as well as the launching of the COVID-19 vaccine
- **November 2021-January 2022**: The Omicron variant was used to justify a partial lockdown, the launching of the vaccine passport, the enforcement of restrictive measures directed against the unvaccinated.
- **April-July 2022:** The application of a lockdown mandate under China's Zero Tolerance COVID Mandate in Shanghai and major urban areas in China.

The Disruption of US-China Trade

Trump's decision on January 31, 2020 was taken immediately following the announcement of the WHO Director-General's decision to launch a Public Health Emergency of International Concern (PHEIC) (January 30, 2020). In many regards, this was an act of "economic warfare" against China.

And then, following Trump's January 31, 2020 decision to curtail air travel and transportation to China, a campaign was launched in Western countries against China as well as against ethnic Chinese. The Economist reported that "The coronavirus spreads racism against and among ethnic Chinese."[2]

> "Britain's Chinese community faces racism over coronavirus outbreak."

According to the South China Morning Post (Hong Kong): "Chinese communities overseas are increasingly facing racist abuse and discrimination amid the coronavirus outbreak. Some ethnic Chinese people living in the UK say they experienced growing hostility because of the deadly virus that originated in China."[3]

US-China Trade. America's Dependence on "Made in China"

The impacts on bilateral US-China trade relations at the outset of the corona crisis were devastating: US commodity imports from China declined by 28.3% in the course of the first three months of the corona crisis.

Following the March 11, 2020 lockdown and (partial) closure of economic activity worldwide, the decline of US imports from China in March 2020 was of the order of 36.5% (in relation to March 2019).[4] Moreover, resulting from the deep-seated financial crisis which started in February 2020, the value of (announced) Chinese direct investment projects in the US had fallen by about 90% (Financial Times).[5]

While the US has an advanced and diversified high technology economy (in both civilian and military production), its manufacturing base is weak. America is an import-led economy (resulting from offshoring) heavily dependent on commodity imports from the People's Republic of China.

Moreover, despite America's financial dominance and the powers of the dollar, there are serious failures in the structure of America's "real economy" which have been exacerbated by the corona crisis.

Political and geopolitical factors have also played a key role including the anti-Chinese campaign launched in February 2020 as well as threats by Washington, claiming that China was responsible for "spreading the virus".

While the US economy entered into a deep-seated crisis starting with the February 2020 financial crash and the March 2020 lockdown, China's national economy had recovered. China's exports increased significantly in the course of 2021.

Bilateral US-China trade relations are nonetheless in jeopardy, marked by a significant reduction of Chinese imports from the US. While China's exports to the United States increased in 2021, China's monthly trade surplus with the United States increased by 31.1% (Time, January 14, 2022).[6]

In April 2022, there was a dramatic turnaround in China's economy, marked by the adoption of a **COVID-19 Zero Tolerance Mandate**, (with millions of people confined to their homes) leading to a partial closing down of Shanghai's financial sector coupled with a paralysis of commodity trade out the world's largest port (see analysis below).

The February 2020 Corona Financial Crash

Speculative trade and financial fraud played a key role. On Thursday afternoon, 20th of February, in Geneva (CET Time), the WHO Director-General **Dr. Tedros Adhanom Ghebreyesus** held a press conference. I am "concerned", he said, "that the chance to contain the coronavirus outbreak" is "closing" …

> **"I believe the window of opportunity is still there, but that the window is narrowing."**[7]

These "shock and awe" statements contributed to triggering panic, despite the fact that the number of confirmed cases **outside China** was exceedingly low: **1,076 cases** for a population of 6.4 billion (excluding the Diamond Princess, there were 452 so-called "confirmed cases" worldwide) (see Chapter II).

The statement by Dr. Tedros (based on flawed concepts and statistics) set the stage for the February financial collapse triggered by inside information, foreknowledge, derivative trade, short-selling and a galore of hedge fund operations.

COVID-19 was narrowly identified as the catalyst of the financial crash.

Who was behind this catalyst?

Who was behind the fear campaign which contributed to triggering chaos and uncertainty on financial markets?

The small number of "COVID-19 confirmed cases" outside China (1,076) did not in any way point to an unfolding worldwide epidemic. But this did not prevent the markets from plummeting.

The markets had been manipulated. Whoever had foreknowledge ("inside information") of the WHO

Director-General's February 20, 2020 statement would have reaped significant monetary gains.

Was there a conflict of interest (as defined by the WHO)?[8] The WHO is partly funded by the Gates Foundation. Bill Gates has "60% of his assets invested in equities [including stocks and index funds]", according to a September 2019 CNBC report.[9]

The stock market crash initiated on February 20th referred to as the **2020 Coronavirus Crash** (February 20-April 7, 2020) was categorized as:

> "the fastest fall in global stock markets in financial history, and the most devastating crash since the Wall Street Crash of 1929."

The cause of the financial crash was (according to "analysts") **V the Virus**, namely, the "massive spread" of the epidemic outside China. But that was an outright lie. There were only **1,076 cases worldwide** for a population of 6.4 billion **outside** China (see Chapter III). Media disinformation played a key role in spearheading the fear campaign.

Insider Trading and Financial Fraud

The possibility of financial fraud and "insider trading" (which is illegal) was casually dispelled by financial analysts and media reports.

Without the human hand, there is no causal relationship between a microscopic virus and the complex gamut of financial variables.

The "killer virus" fear campaign coupled with Dr. Tedros's timely "warnings" of the need to implement a worldwide pandemic indelibly served the interests of Wall Street's institutional speculators and hedge funds. **The financial crash led to a major shift in the distribution of money wealth** (see analysis in Chapter V).

In the week following the February 20-21 WHO announcement, the **Dow Jones collapsed by 12%** (CNBC, February 28, 2020).[10] According to analysts, the plunge of the DJIA **was the result of the worldwide spread of the virus**. A nonsensical statement in contradiction with the (small) number of WHO COVID positive estimates (1,076 outside China), most of which were based on the faulty PCR test.

On Monday, February 24, upon the reopening of stock markets, there was an unprecedented plunge in the Dow Jones attributable to the "impending dangers" that **"COVID was spreading worldwide creating uncertainties in financial markets".**

> "Stocks fell sharply on Monday (February 24) **as the number of coronavirus cases outside China surged**, stoking fears of a prolonged global economic slowdown from the virus spreading. The Dow Jones Industrial Average closed 1,031.61 points lower, or 3.56%, at 27,960.80." (CNBC) (emphasis added)

Dow Jones Industrial Average December 2019 – March 2020 (Source: Bloomberg Data)

Also on February 24, Trump requested a $1.25 billion emergency aid.

February 24: Stock market tumbles, Trump claims control

Trump asks for a $1.25bn in emergency aid after the Dow Jones Industrial Average tumbles 1,000 points on coronavirus fears.

He tweets that the virus "is very much under control" and the stock market "starting to look very good to me!"

Screenshot from Al Jazeera

According to BBC, worldwide stock markets saw sharp falls "because of concerns about the economic impact of the virus", suggesting that the virus was "the invisible hand" responsible for the decline of financial markets.

COVID-19 was narrowly identified as the catalyst of the financial crash.

Who was behind the fear campaign which contributed to triggering chaos and uncertainty on financial markets coupled with bankruptcies and a massive redistribution of money wealth?

March 11, 2020: The COVID-19 Pandemic, Lockdown, Closing Down of 190 National Economies

On March 11, 2020, the WHO officially declared a worldwide pandemic at a time when the number of confirmed cases outside of China (6.4 billion population) was of the order of 44,279 and 1,440 deaths (figures recorded for March 11 by the WHO on March 12, 2020).[11]

The "science" behind this worldwide lockdown decision was based on **"a mathematical model"** by **Dr. Neil Ferguson** of Imperial College, London, as a means to avoiding a "predicted" 600,000 deaths in the UK.

Ferguson's "model" (which borders on ridicule) was used by the financial establishment as a justification to trigger economic and social chaos worldwide. Ferguson's endeavors were generously funded by the Bill and Melinda Gates Foundation.

Immediately following the March 11, 2020 WHO announcement, the fear campaign went into high gear. As in the case of the February 20-21, 2020 crash, the March 11, 2020 statement by the WHO Director-General had set the stage.

Stock markets crashed worldwide. On the following morning, the Dow (DJIA) plummeted by 9.99% (a decline of 2,352.60 to close at 21,200.62). **Black Thursday, March 12, 2020** was "the Dow's worst day" since 1987.[12] **Financial fraud was the trigger. A massive transfer of financial wealth had taken place in favor of America's billionaires** (see chapter V).

"**Stay at Home**" confinement instructions were transmitted to 193 member states of the United Nations. Politicians are the instruments of powerful financial interests. Was this far-reaching decision justified as a means to combating the virus?

The decision was based on a flawed lockdown model designed by Imperial College London.

"**Confinement of the labour force**" coupled with **paralysis of the "workplace"** (productive, commercial activities, etc.) indelibly leads to a deep-seated worldwide economic depression.

Unprecedented in history, applied almost simultaneously in a large number countries, entire sectors of the world economy were destabilized. Small and medium-sized enterprises were driven into bankruptcy. Unemployment and poverty are rampant.

In several developing countries, famines have erupted (see analysis below). The social impacts of these measures are devastating. The health impacts (mortality and morbidity) including the destabilization of the national healthcare system (in numerous countries) far surpass those attributed to COVID-19.

Economic Warfare

The instructions came from above, from Wall Street, the World Economic Forum, and the billionaire foundations. This diabolical project is casually described by the corporate media as a "humanitarian" public health endeavor. The "international community" has a "Responsibility to Protect" (R2P). An unelected "public-private partnership" under the auspices of the World Economic Forum (WEF) has come to the rescue of planet Earth's 7.9 billion people. The closure of the global economy was presented as a means to "killing the virus".

Sounds absurd. Closing down the real economy of planet Earth is not the "solution" but rather the "cause" of a process of worldwide destabilization and impoverishment, which in turn has **an impact on patterns of morbidity and mortality**. In this regard, what must be addressed is the causal relationship between economic variables (e.g. purchasing power, unemployment) and **the state of health** of the population.

The national economy combined with political, social and cultural institutions is the basis for the "reproduction of real life": income, employment, production, trade, infrastructure, and social services.

Destabilizing the economy of planet Earth cannot constitute a "solution" to combating the virus. But that was the imposed "solution" which they want us to believe in. And that is what they are doing.

The Lockdown and the Process of Engineered Bankruptcy

There is an important relationship between the "real economy" and "Big Money", namely the financial establishment.

What is ongoing is a process of concentration of wealth, whereby the financial establishment (i.e. the multi-billion dollar creditors) are slated to appropriate the real assets of both bankrupt companies as well as state assets.

The "real economy" constitutes "**the economic landscape**" of real economic activity: productive assets, agriculture, industry, goods and services, trade, investment, employment as well as social and cultural infrastructure including schools, hospitals, universities, museums, etc. The real economy at the global and national levels is being targeted by the lockdown and closure of economic activity.

The lockdown instructions transmitted to national governments have been conducive to the destabilization of "**the national economic landscape" of numerous countries**, which consists of a complex economic and social structure.

The "stay at home" lockdown prevents people from going to work. From one day to the next, it creates mass unemployment (worldwide). In turn, the lockdown is coupled with the closure of the entire sectors of the national economy.

The lockdown immediately contributes to **the disengagement of human resources** (labor) which in turn brings productive activity to a standstill.

The channels of **supply and distribution** are frozen, which eventually leads to potential shortages in the availability of commodities. In turn, several hundred million workers worldwide lose their jobs and their earnings.

While national governments have set up various "social safety nets" for the unemployed, the payment of wages and salaries by the employer is disrupted which in turn leads to **a dramatic worldwide collapse in purchasing power.**

It's a payments crisis. Wages and salaries are not paid. Impoverished households are unable to purchase food, pay their rent or monthly mortgage. Personal and household debts (including credit card debts) go fly high. It's a cumulative process.

This globalization of poverty leads to a decline in consumer demand which then backlashes on the productive system, leading to a further string of bankruptcies. Inevitably, the structure of international commodity trade is also affected.

Global Indebtedness

The Global Money financial institutions are the "creditors" of the real economy which is in crisis. The closure of the global economy starting in March 2020 has triggered a process of global indebtedness. Unprecedented in world history, a multi-trillion bonanza of dollar-denominated debts is hitting simultaneously the national economies of more than 190 countries.

The creditors will also seek to acquire ownership and/or control of "public wealth" including the social and economic assets of the state through a massive indebtedness project under the surveillance of creditor institutions including the IMF, the World Bank, the regional development banks, etc.

Under the so-called "new normal", **Great Reset** put forth by the World Economic Forum (WEF), the creditors (including the billionaires) are intent upon buying out important sectors of the real economy as well as taking over bankrupt entities (see Chapter XIII).[13]

Crisis of the Global Economy. The Evidence

In the sections below, we briefly review the dramatic impacts of the closure of the global economy focusing on bankruptcies, global poverty, unemployment, the outbreak of famines as well as the collapse of the educational system.

Most of the figures quoted below are from the UN, governments and related sources, which tend to underestimate the seriousness of this ongoing global crisis, which is literally destroying people's lives.

Indebtedness in all sectors of economic activity worldwide is the driving force.

What is presented below is but the tip of the iceberg.

Bankruptcies

The wave of bankruptcies triggered by the closure of the world economy affects both small and medium-sized enterprises (SME) as well as large corporations. The evidence confirms that small and medium-sized enterprises are literally being wiped out.

According to a 2020 survey by the International Trade Centre, quoted by the OECD, pertaining to SMEs in 132 countries:

> two-thirds of micro and small firms report that the crisis strongly affected their business operations, and one-fifth indicate the risk of shutting down permanently within three months. Based on several surveys in a variety of countries, McKinsey (2020) indicates that between **25% and 36% of small businesses could close down permanently from the disruption in the first four months of the pandemic.** (OECD Report, emphasis added)[14]

According to Bloomberg:

> "**Over half of Europe's small and medium-sized businesses say they face bankruptcy** in the next year if revenues don't pick up, underscoring the breadth of damage wrought by the Covid-19 crisis.
>
> One in five companies in Italy and France anticipate filing for insolvency within six months,

according to a McKinsey & Co. survey in August of more than 2,200 SMEs in Europe's five largest economies."[15]

The surveys tend to underestimate the magnitude of this unfolding catastrophe. The numbers are much larger than what is being reported.

In the US, the bankruptcy process is ongoing. According to a group of academics in a letter to Congress:

> "We anticipate that a significant fraction of viable small businesses will be forced to liquidate, causing high and irreversible economic losses. "Workers will lose jobs even in otherwise viable businesses. …
>
> A run of defaults looks almost inevitable. At the end of the first quarter of this year, U.S. companies had amassed nearly $10.5 trillion in debt— by far the most since the Federal Reserve Bank of St. Louis began tracking the figure at the end of World War II. "An explosion in corporate debt," Mr. Altman said." (NYT, June, 16, 2020)[16]

With regard to small businesses in the US:

> **almost 90% of small businesses experienced a strong (51%) or moderate (38%) negative impact from the pandemic;** 45% of businesses experienced disruptions in supply chains; **25% of businesses has less than 1-2 months cash reserves.**" (OECD)[17]

The results of a survey of over 5,800 small businesses in the United States:

> … shows that 43% of responding businesses are already temporarily closed. On average, businesses reduced their employees by 40%. Three-quarters of respondents indicate they have two months or less in cash in reserve. … (OECD)

In a 2020 survey,[18]

> "half of all US small business owners in the entire country believe that they may soon be forced to close down for good. Not even during the Great Depression of the 1930s did we see anything like this".[19]

It should be noted that since the March 2020 lockdown (in both the US and Canada), both small and medium-sized enterprises as well as large corporations have received numerous handouts and loans under so-called emergency lending, which has contributed to delaying the actual filing of bankruptcy (in the US, see Chapter VII and Chapter XI). Worldwide, the filing of bankruptcy has been conveniently postponed following what the World Bank described as "trillions of dollars of financial support from governments" which are generously funded by Big Money creditors.

Global Unemployment

A massive worldwide contraction in employment is ongoing. In an August 2020 report, the International Labour Organization (ILO) confirms that:

> The COVID-19 crisis has severely disrupted economies and labour markets in all world regions, with estimated losses of working hours equivalent to nearly **400 million full-time jobs in**

> **the second quarter of 2020**, most of which are in emerging and developing countries… (ILO, 2020a). …
>
> Among the most vulnerable are **the 1.6 billion informal economy workers, representing half of the global workforce,** who are working in sectors experiencing major job losses or have seen their incomes seriously affected by lockdowns.
>
> The COVID-19 crisis is **disproportionately affecting 1.25 billion workers in at-risk jobs, particularly in the hardest-hit sectors such as retail trade, accommodation and food services, and manufacturing** (ILO, 2020b). Most of these workers are self-employed, in low-income jobs in the informal sector… Young people, for example, are experiencing multiple shocks including disruption to education and training, employment and income, in addition to greater difficulties in finding jobs.[20]

The ILO does not in any way explain the political causes of mass unemployment, resulting from actions taken by national governments, allegedly with a view to resolving the COVID pandemic. Moreover, the ILO tends to underestimate both the levels as well as the dramatic increase in unemployment.

Global Unemployment Is Slated to Rise in 2022-23

The pandemic is presented as the cause of unemployment. According to the ILO:

> **Global unemployment is expected to remain above pre-COVID-19 levels until at least 2023**. The 2022 level is estimated at 207 million, compared to 186 million in 2019.[21]

The ILO acknowledges that the overall impact on employment is not revealed by the above projections of global unemployment, "**because many people have left the labour force**".

What is at stake is that large sectors of the labor force are the victims of bankruptcies as well as discriminatory policy mandates which have marginalized them from the labour market.

National governments remain under the control of global creditors. **What is contemplated for the post-COVID era is the implementation of massive austerity measures** including the cancellation of workers' benefits and social safety nets.

Unemployment in the US

In the US, "more than 30 million people, over 15% of the workforce, applied for unemployment benefits… " in the immediate wake of the March 2020 lockdown. (CSM, May 6, 2020)[22]

Announced in early December 2020, "More than 10 million Americans are projected to lose their unemployment benefits the day after Christmas [2020] unless Congress acts to extend key pandemic-related programs – a prospect that as of now looks uncertain at best." (US News and World Report)[23]

> The cliff edge looms as coronavirus cases surge around the country and applications for unemployment benefits rise with states and localities reimposing virus-related restrictions. The lapse is also set to occur as protections for renters, student loan borrowers and homeowners expire – a potential devastating confluence of events for both individuals, whose savings have

> ravaged by the pandemic, and the economy at large, which is gradually clawing its way back from the coronavirus-induced recession.
>
> When the programs lapse at the end of December [2020], an estimated 12 million people could lose jobless benefits, according to the Century Foundation. (US News and World Report)[24]

During the most severe Main Street economic collapse in US history — with over one-fourth of working-age Americans jobless — an additional calamity looms:

> According to Census Bureau estimates, **30 to 40 million Americans face possible eviction in 2021-22 for lack of income to pay rent or service mortgages.**
>
> Without federal aid or an extended rent moratorium, a calamity of biblical proportions may unfold in the coming months. (Stephen Lendman)[25]

Unemployment in the European Union (EU)

> "Unemployment across the whole of the European Union is expected to **rise to nine percent** in 2020, in the wake of the Coronavirus pandemic and subsequent lockdowns enforced by national governments".[26]

According to official EU figures:

> Greece, Spain and Portugal … have once again seen large rises in youth unemployment since the start of the pandemic. Greece saw a surge from 31.7 percent in March [2020] to 39.3 percent in June [2020], **while Spain and Portugal had similar increases, from 33.9 percent to 41.7 percent and 20.6 percent to 27.4 percent, respectively.**[27]

Unemployment in Latin America

In Latin America, the average unemployment rate was estimated at 8.1 percent at the end of 2019. The ILO states that it could rise by a modest 4 to 5 percentage points to 41 million unemployed.[28]

> In absolute numbers, these rates imply that the number of **people who are looking for jobs but are not hired rose from 26 million before the pandemic to 41 million in 2020**, as announced by ILO experts.

These estimates of the ILO and the World Bank are misleading. According to the Inter American Development Bank (IDB), the increase in unemployment for the Latin American region was of the order of 24 million in 2020, **with job losses in Colombia of the order of 3.6 million, Brazil 7.0 million and Mexico 7.0 million.**[29]

Even these figures tend to underestimate the dramatic increase in unemployment. And the situation has evolved in 2021-22, following partial lockdowns which have triggered a renewed wave of bankruptcies.

According to a survey conducted by the Instituto Nacional de Estadística y Geografía (INEGI), the increase in unemployment in Mexico was of the order of 12.5 million in April 2020, i.e. in the month following the March 11, 2020 lockdown and closure of the national economy.[30]

The Outbreak of Famines

Poverty and chronic undernourishment is a pre-existing condition.

First, there is a long-term historical process of macroeconomic policy reform and global economic restructuring which has contributed to depressing the standard living worldwide in both the developing and developed countries.

Second, these pre-existing historical conditions of mass poverty have been exacerbated and aggravated by the imposition of the COVID lockdown.

With large sectors of the world population already well below the poverty line **prior to the March 2020 COVID-19 lockdown**, the recent hikes in the prices of basic food staples are devastating.

According to the World Food Programme (WFP), "690 million people do not have enough to eat while 130 million additional people risk being pushed to the brink of starvation." (November 2020 statement)

These figures are questionable. Both the FAO and the WFP have failed to address the central role of the lockdown and closure of national economies as a "shock mechanism" which simultaneously triggers mass poverty coupled with the destabilization of agricultural production in both developing and developed countries, in all major regions of the world.

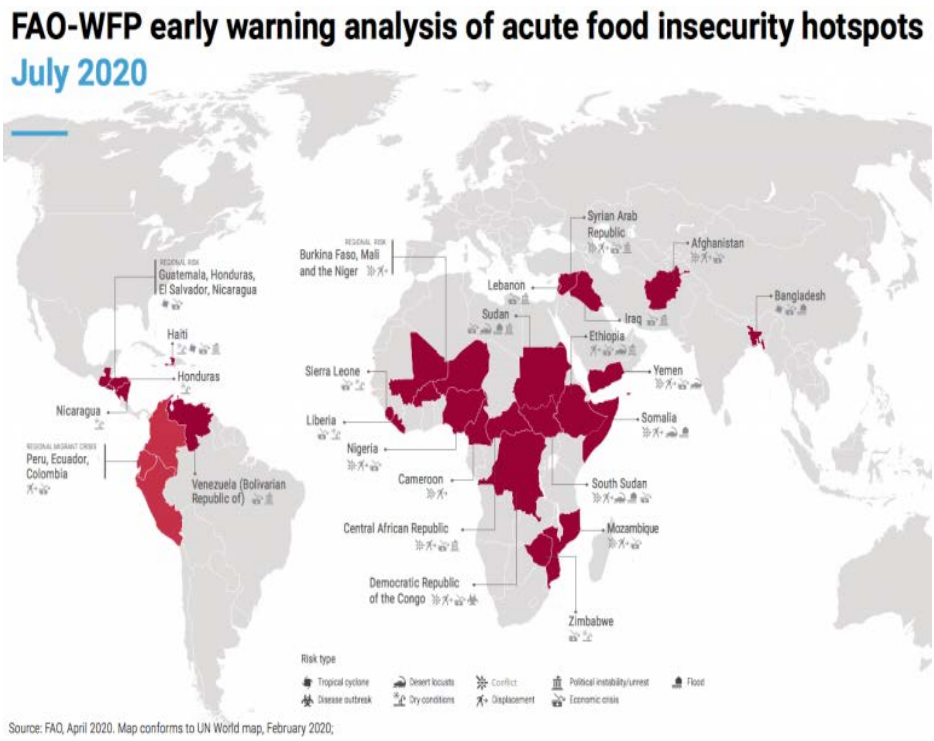
The underlying causality is simply not addressed. Climate and conflict analysis take precedence:

> "We are seeing a catastrophe unfold before our very eyes. Famine – driven by conflict, and fuelled by climate shocks and the COVID-19 hunger pandemic – is knocking on the door for millions of families." (David Beasley, Executive director of the WFP)

The FAO Report

Famines have erupted in at least 25 developing countries according to the FAO. It's an incomplete study: most of Asia and Latin America, Europe, the Middle East and North America are not included (see map below):

> "The UN's Food and Agriculture Organization (FAO) and World Food Programme (WFP) **identifies 27 countries that are on the frontline of impending COVID-19-driven food crises,** as the pandemic's knock-on effects aggravate pre-existing drivers of hunger.
>
> No world region is immune, from Afghanistan and Bangladesh in Asia, to Haiti, Venezuela and Central America, to Iraq, Lebanon, Sudan and Syria in the Middle East to Burkina Faso, Cameroon, Liberia Mali, Niger, Nigeria, Mozambique, Sierra Leone and Zimbabwe in Africa.
>
> The joint analysis by FAO and WFP warns these "hotspot countries" are at high risk of – and in some cases are already seeing – significant food security deteriorations in the coming months, **including rising numbers of people pushed into acute hunger.**"



Source: FAO, April 2020

The COVID-19 pandemic has potentially far-reaching and multifaceted indirect impacts on societies and economies, which could last long after the health emergency is over. These could aggravate existing instabilities or crises, or lead to new ones with repercussions on food security, nutrition and livelihoods.

With over two billion people, or 62 percent of all those working worldwide, employed in the informal economy according to ILO data, millions of people face a growing risk of hunger. Earnings for informal workers are estimated to have declined by 82 percent, with Africa and Latin America to face the largest decline (ILO 2020). (FAO, p. 6)[31]

Global Famine. Acute Hunger in 80 Countries

A World Food Programme (WFP) November 2021 report points to **Global Famine and "Acute Hunger in 80 Countries"**:

Global hunger continues to rise at an alarming rate: our latest estimates show that **282.7 million people across 80 countries are experiencing extreme levels of acute hunger.** This represents an increase of around 110 percent compared to 2019 (when 135 million people in 58 countries were classified as acutely food insecure).

This "guesstimate" of 287.7 million cases of acute hunger borders on ridicule and "**fake statistics**". Mass poverty is extensive worldwide. The "estimate" is based on the following concept, which is put forth by the World Food Programme (a UN body) as a humanitarian and compassionate criterion:

"one meal a day, the basic needed to survive – costing US$0.43 per person per day". (WFP, p 1)

Ask Bill Gates, who is actively buying up bankrupt family farms: "**how much did your lunch cost**"?

The recent hikes in food prices are contributing in a very real sense to "eliminating the poor" through "starvation deaths". In the words of **Henry Kissinger**:

> **"Control oil and you control nations; control food and you control the people."**

In this regard, Kissinger had intimated, in the context of the "1974 National Security Study Memorandum 200: Implications of Worldwide Population Growth for U.S. Security and Overseas Interests," **that the recurrence of famines could constitute a de facto instrument of population control. It's part of the WEF's eugenics agenda**.

Famine and Despair in India

The social and economic impacts of the March 11, 2020 lockdown in India were devastating, triggering a wave of famine and despair. "Millions of people who lost their income now face increased poverty and hunger, **in a country where even before the pandemic 50 percent of all children suffered from malnourishment**".[32]

In late November 2020, the largest general strike in the country's history was carried out against the Modi government with more than 200 million workers and farmers. According to the Mumbai University and College Teachers' Union:

> This strike is against the devastating health and economic crisis unleashed by COVID-19 and the lockdown on the working people of the country. This has been further aggravated by a series of anti-people legislations on agriculture and the labour code enacted by the central government. Along with these measures, the National Education Policy (NEP) imposed on the nation during the pandemic will further cause irreparable harm to the equity of and access to education.[33]

According to Left Voice:

> "The pandemic has spread from major cities such as Delhi, Mumbai, and other urban centers to rural areas where public health care is scarce or non-existent. The Modi government has handled the pandemic by prioritizing the profits of big business and protecting the fortunes of billionaires over protecting the lives and livelihoods of workers."[34]

"Food Insecurity" in the US

Undernourishment and so-called "food insecurity" are not limited to developing countries.

The terminology is not quite the same. "Famine" in America which today is a reality is rarely mentioned. Neither is the lockdown (confinement of the labor force) acknowledged as a mechanism which has triggered so-called "food insecurity".

The US Department of Agriculture defines "**food insecurity**" as "a household-level economic and social condition of limited or uncertain access to adequate food".

"**Hunger**" is defined as "an individual-level physiological condition that may result from food insecurity". "Famine" does appear in the USDA glossary.

Recent estimates by Feeding America suggest that **one in seven Americans representing 45 million people in 2020, including 15 million children, experienced "food insecurity**":

> Before the start of the pandemic, the overall food insecurity rate had reached its lowest point since it began to be measured in the 1990s, but those improvements were being upended by the pandemic.[35]

According to Stephen Lendman:

> **"Around one in four US households experienced food insecurity this year [2020]— over 27% of households with children.**
>
> A Northwestern University Institute for Policy Research study estimates **the number of food insecure households with children at nearly 30%.** Black families are twice as food insecure as their white counterparts. Latino households are also disproportionately affected."[36]

The Billionaires' "Solution to Global Famine"?

In a bitter irony, the World Food Programme (WFP) has announced that the billionaire philanthropists (including the Bill and Melinda Gates Foundation, the Rockefeller Foundation, et al.), who have enriched themselves in the course of the COVID-19 crisis, have generously come to the rescue of 42 million people affected by famine.

Bear in mind, this process of global impoverishment is the direct consequence of billionaire enrichment invariably conducted through fake science and fraudulent transactions (see Chapter V).

According to Oxfam, "For every new billionaire created during the pandemic. … millions of people were pushed into extreme poverty".

> "Billionaires gathered in Davos have enjoyed an obscene surge in their fortunes over the last two years. The pandemic and now the steep rise in food and energy prices have been a bonanza for the wealthiest, while millions of people face hunger and poverty as the cost living shoots up." (Oxfam)

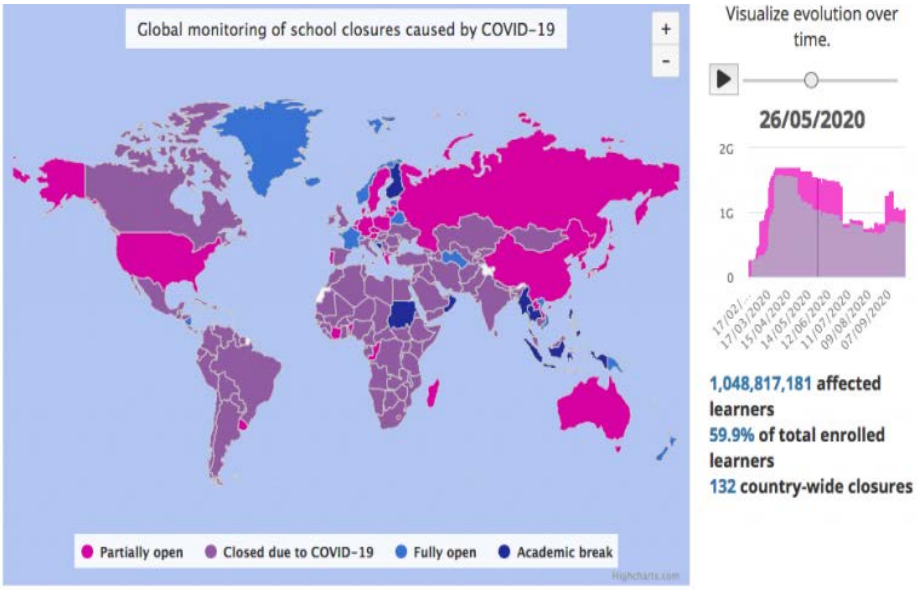
Education: The Impacts on Our Children

The very foundations of civil society are threatened. UNICEF estimates that 1.6 billion children and adolescents were affected by the closure of schools worldwide.[37]

> "As the COVID-19 pandemic has spread across the globe, a majority of countries have announced the temporary closure of schools, impacting more than 91 per cent of students worldwide… Never before have so many children been out of school at the same time…"

Colleges and universities are also paralysed. Students are denied the right to education. While UNESCO confirms that more than one billion learners are affected, it offers no concrete solution or critique. The official narrative of the so-called "public/private partnership" imposed on national governments has been adopted at face value.[38]

School closures were carried out in 132 countries. See diagram below (UNESCO, May 2020).



Screenshot from UNESCO

The above review of the economic and social impacts points to a complex process. Large sectors of the world population have been precipitated into poverty and despair. The various agencies of the United Nations quoted above tend to skim the surface. The underlying causes are simply not addressed.

The Global Travel and Tourism Economy

Prior to the corona crisis, travel and tourism represented a major share of the global economy: approximately ten percent of global GDP with **an estimated workforce of more than 320 million jobs worldwide**.[39]

Travel and tourism industry, which includes airlines, airport facilities, land transportation, hotels, resorts, restaurants, museums, concert halls, parks, and a variety of urban services, has been precipitated into bankruptcy resulting in mass unemployment.

The economic and social impacts are devastating particularly in countries which have a sizeable tourist economy (e.g. Italy, France, Switzerland, Thailand, Vietnam, Mexico, Cuba, The Dominican Republic, Peru, and Panama, among others).

The estimated loss of jobs in the tourism industry is estimated to be of the order of 100 million worldwide (November 2020 report, see also IMF report).[40]

Job Losses in the US

According to the World Travel and Tourism Council (WTTC), a "staggering **9.2 million jobs** could be lost in the U.S. … if barriers to global travel remain in place". The WTTC estimates that more than half of all jobs supported by the sector in the U.S. in 2019 are slated to be lost. Between 10.8 million and 13.8 million jobs within the Travel and Tourism sector "are at serious risk".[41]

While the restrictions on air travel coupled with the March 11, 2020 lockdown triggered the demise of smaller regional airlines, in the course of the 2020-2022, a large number of national flag carriers have been precipitated into a de facto bankruptcy situation, including Aero-Mexico, Avianca, and South African Airlines, among others. According to a report, "**43 commercial airlines have failed since January 2020**, … completely ceasing or suspended operations" in 2020. There was also a backlash on the production of civilian aircraft.[42]

Trump's suspension of air travel to China on January 31, 2020 based on five COVID-19 confirmed positive cases in the U.S. played a key role in setting the stage for the air travel and tourism crisis, which at the time of writing is still ongoing.

The lockdown has also undermined the largest transport infrastructure project in Europe, namely the underground tunnel between the UK and continental Europe. The Eurostar was precipitated into a situation of de facto bankruptcy.

All of these disruptions in international travel are presented to public opinion as a means to combating the killer virus. It's a big lie.

Bankrupt hotel chains and major airlines in all likelihood will be "picked up" at rock-bottom prices by the multi-billionaires.

The Shanghai 2022 COVID Zero Tolerance Mandate. The Destabilization of China's Export Economy?

Starting in late March, early April 2022, the Chinese government ordered the **lockdown** pertaining to Shanghai, a port city of 26 million people.

The confinement of Shanghai's labour force was carried out under a "**COVID Zero Tolerance Mandate**": "At least 38,000 medical workers from across China have been deployed to aid Shanghai … in the fight against the Omicron variant…" (Global Times)[43]

Visibly, China's health authorities had endorsed the **Fauci-Gates "fake science" lockdown consensus** without batting an eyelid. China's Center for Disease Control and Prevention (CCDC) is headed by **Dr. George Gao Fu,** a colleague of Anthony Fauci, et al. **Anthony Fauci is Dr. Gao Fu's mentor**.

China's Zero Tolerance COVID Mandate was a "copy and paste" of the March 11, 2020 lockdown (based on "fake science") sponsored by Anthony Fauci, Bill Gates, et al. under the auspices of the WHO (in close consultation with the World Economic Forum). China's Zero Tolerance COVID Mandate is predicated on a fear campaign.

In mid-July 2022, China's health authorities announced that several major urban areas had been instructed to implement the COVID Zero Tolerance Mandate as a means to combating the "highly-transmissible Omicron BA.5 subvariant".

Image: Dr. George Gao Fu (by China News Network, licensed under CC BY 3.0)

The labour force has been confined in a large number of industrial cities thereby leading to economic and social chaos as well as a dramatic decline in economic activity. According to Reuters:

> The BA.5 [subvariant] lineage, spreading fast in many other countries, has been detected in cities such as **Xian** in the province of Shaanxi and **Dalian** in Liaoning province, … It was first found in China on May 13 in a patient who had flown to Shanghai from Uganda, the China Center for Disease Prevention and Control said, with no local infections linked to the case that month.[44]

Did that month.“patient” from Uganda take the PCR test upon his return to China? Variants and sub-variants cannot under any circumstances be detected by the PCR test (the original SARS-CoV-2 virus cannot be detected by the PCR test, see Chapter III).

A large number of urban areas were closed down in major regions of China. On July 11, 2022, China’s National Heath Commission confirmed the following data for mainland China[45]:

- a total of **352 new domestically transmitted COVID infections** recorded on
- July 10, **46 new symptomatic cases, and**
- **306 new asymptomatic cases.**

46 new symptomatic cases out of a population of 1.45 billion people does not justify closing down China’s major urban areas.

Economic Destabilization: Shanghai and the Global Economy

The impacts of these measures put forth by China’s National Health Commission and China’s CCDC have precipitated **China’s supply chains into jeopardy**.

“COVID Zero Tolerance” has contributed to destabilizing Shanghai’s financial sector as well as its buoyant export economy. It has also contributed to undermining domestic transport and commodity supply lines.

Since mid-April 2022 (coinciding with the lockdown of Shanghai), the Yuan (CNY) declined abruptly against the US dollar (USD).

Chinese Yuan Renminbi to US Dollar Exchange Rate Chart (Source: Xe)

The volume of commodity trade in and out of the Port of Shanghai (and other major port cities) has subsided, which inevitably has a bearing on the availability of “Made in China” commodities worldwide.

Made in China goods (By ThiNguyen2021, licensed under CC BY-SA 4.0)

“Made in China” is the backbone of retail trade which indelibly **sustains household consumption in virtually all major commodity categories** from clothing, footwear, to hardware, electronics, mobile phones, TV sets, toys, jewelries, household fixtures, food, etc. Ask the American consumer: the list is long.

Importing from China is a lucrative multi-trillion dollar operation. It is the source of tremendous profit and wealth in the US because consumer commodities imported from China’s low wage economy are often sold at the retail level more than ten times their factory price.

Global commodity trade at wholesale and retail levels is in crisis. The potential impacts in all major regions of the world are devastating — worldwide scarcities of essential consumer goods coupled with inflationary pressures.

These developments also affect China’s sovereignty as a nation-state with a weakened economy, not to mention its **Belt and Road initiative**.

In the context of the current crisis, including Washington’s “Pivot to Asia”, there are serious geopolitical implications which have a direct bearing on the confrontation between China and the US.

For further details see Michel Chossudovsky, **The Shanghai “COVID Zero Tolerance Mandate”. Engineered Depression of China’s Economy?**

Automobile Industry at a Standstill: Engineered Shortage in the Production of Semi-conductors?

The automobile industry worldwide experienced a 15% decline in production in 2020. The decline in 2021-22 is significant, largely affecting production in Japan, South Korea and China.

This decline has been accentuated by a shortage in the availability of semi-conductors:

> “Automakers, which rely on dozens of chips to build a single vehicle, have been particularly hard

> hit, forced to halt production lines globally as they await chip supplies. The debacle is likely to cost the auto industry $450 billion in global sales … In September 2021 Toyota was forced to slash production at 14 factories in Japan over a lack of semiconductors. Some of the cuts will continue into October due to a lack of components from Southeast Asia, Toyota has said." (Washington Post, September 2021)[46]

Semi-conductors constitute a strategic commodity, used in a variety of sectors including electronics, medical devices, electronic and communications networks, etc.

There are indications of possible manipulations, which have led to artificial shortages of semi-conductors affecting a number of key sectors of the global economy.

There are geopolitical implications. The world's largest semi-conductor producer is the Taiwan Semiconductor Manufacturing Company (TSMC).

Global "Supply Chain Disruptions" and Demand Relations

The lockdowns from March 11, 2020 onwards have triggered a process of **worldwide economic destabilization** which directly affects both "**supply**" and "**demand**" relations. It's the most serious economic crisis in world history affecting simultaneously more than 190 countries.

"**Supply**" pertains to the production of goods and services, namely the activities of the "real economy".

"**Demand**" pertains to the ability of households given their purchasing power to acquire essential goods and services.

Both supply and demand relations are in jeopardy.

Worldwide, large sectors of industry, agriculture and urban services stand idle. The lockdown policies initiated in March 2020 have triggered bankruptcies and unemployment, which in turn have been conducive to **a process of disengagement of human resources (labor) and productive assets from the economic landscape**.

On the supply side, a massive contraction in the production and availability of goods and services (commodities) is unfolding. Entire sectors of the global economy are "**not producing**", scarcities of certain commodities and services have emerged. In turn, the channels of transportation by land and sea (e.g. container trade) have been disrupted since March 2020.

On the demand side, mass unemployment and poverty triggered by the lockdown policies has contributed to an unprecedented collapse in purchasing power (of families and households worldwide), which in turn has led to the collapse in the demand for goods and services. Poverty is rampant, large sectors of the world population do not have money to buy food and essential consumer goods.

Contraction of production (supply) coupled with the collapse of purchasing power (demand) is conducive to a deep-seated worldwide economic depression coupled with inflationary pressures.

In turn, the collapse in purchasing power resulting from mass unemployment has led to a **mounting personal debt crisis** including the inability to meet monthly rent and mortgage payments. This process eventually leads to a confiscation of real assets.

In the US, 68 percent of those who were behind on rent (May 2021 figures) had become unemployed as a result of the lockdown.[47]

These developments are casually blamed on the “pandemic’s economic fallout” without analyzing how the failed lockdown policies were instrumental in triggering economic chaos and unemployment worldwide.

The Fiscal Crisis of the Nation-State

State-funded public sector activities including health, education, culture, sports and the arts are in jeopardy. Meanwhile, in the US, the Biden administration has favored a massive increase in military and security-related expenditures as well as biotechnology with generous handouts to Big Pharma and the Military-Industrial Complex.

Since the onset of the corona crisis, the public debt in country after country has gone fly high largely precipitated by economic chaos.

Bankrupt companies no longer pay taxes. Unemployed workers (without earnings) no longer pay taxes. Tax dollars are no longer coming into the coffers of the state.

The increase in global unemployment and poverty coupled with bankruptcies have led to an unprecedented fiscal crisis.

In turn, government revenue has been redirected to funding corporate handouts.

The private appropriation of wealth has precipitated a global debt crisis. In country after country, the public debt has skyrocketed.

Massive Austerity Measures, Global Insolvency

Generous handouts and social safety nets have been used by national governments as a means **to enforcing compliance and acceptance of the COVID-19 mandates**. These handouts (including loans at 0%) are eventually slated to be abolished and replaced by the most drastic austerity measures in world history.

An unpayable multi-trillion dollar public debt is unfolding worldwide, coupled with a process which we might describe as “**global insolvency**”.

The creditors of the state are “Big Money”. Ultimately, they call the shots.

The enrichment of the billionaire class has also contributed to the destabilization of the nation-state (see Chapter V).

What is also unfolding is the “privatization of the nation-state” including the progressive demise of the “welfare state” and its public institutions (education, health, culture).

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CHAPTER V

The Enrichment of the Super Rich

The Appropriation and Redistribution of Wealth

"V the Virus" is said to be responsible for the wave of bankruptcies and unemployment. That's a lie. There is no causal relationship between the virus and economic variables.

The decision-making process must be addressed. It's the powerful financiers and billionaires who are behind this project which has contributed to the destabilization (worldwide) of the real economy.

Since early February 2020, the Super Rich have cashed in on billions of dollars. In a matter of four months, coinciding with the March 11, 2020 lockdown, **the total wealth held by billionaires around the world has grown from $8 trillion to more than $10 trillion**.

There are three distinct phases which are directly related to the corona crisis. Each of which is marked by major shifts in the distribution of global wealth.

1. **The financial crisis initiated on February 20** was conducive to **a dramatic redistribution of wealth and ownership of financial assets.** Foreknowledge, inside information and speculative trade played a key role. Was there foreknowledge and/or inside information of WHO's Dr. Tedros's February 20th statement? (See Chapter IV)

2. **The March 11 lockdown** and closing down of the national economies of 190 UN member states, which triggered corporate as well as SME bankruptcies worldwide. The March 11 event also marked the plunge of stock markets worldwide, starting on Black Thursday March 12, 2020 (see Chapter IV).

3. **The third stage of billionaire enrichment** pertains to the implementation in 2021-2022 "partial lockdowns", policy mandates and restrictive measures which contributed to triggering a renewed wave of bankruptcies and economic chaos.

The redistribution of wealth in favor of the billionaire class is confirmed by an IPS study resulting from the March 2020 closing down of the global economy.[1]

At the global level, billionaires were big winners during the COVID-19 pandemic.

According to a UBS 2020 report, **roughly 2,189 global billionaires have an estimated wealth of $10.2 trillion.**[2]

This is an estimated increase of $1.5 trillion during the 2020 pandemic based on both UBS and Forbes billionaire data from 2019.

The UBS report raises the question: are the billionaires "**innovators**" or "**disruptors**"?

> When the storm passes, a new generation of billionaire innovators looks set to play a critical role in repairing the damage. Using the growing repertoire of emerging technologies, tomorrow's innovators will digitize, refresh and revolutionize the economy.

Let us be under no illusions, these corrupt billionaires are "**impoverishers**".

"Financial Weapons of Mass Destruction" (FWMD)

While the UBS and Forbes report (quoted above) fail to explain how the COVID-19 pandemic contributed to this massive redistribution of wealth, they nonetheless confirm that "collective billionaire wealth has grown at its fastest rate over any period over the past decade."[3]

In fact, it is the largest redistribution of global wealth in world history. It is predicated on a systematic process of worldwide impoverishment. It is an act of economic warfare.

The billionaires were not only the recipients of generous "government stimulus packages" (i.e. handouts), the bulk of their financial gains from the outset of the COVID fear campaign in early February 2020 was the result of insider trading, derivative trade and the manipulation of both financial and commodity markets.

Warren Buffett rightfully identifies these speculative instruments (supported by sophisticated algorithms) as "Financial Weapons of Mass Destruction".

On March 18, 2020 (coinciding with the lockdown in the US), US billionaires had a combined wealth of $2.947 trillion. **By October 8, 2020, their wealth had surged to $3.8 trillion** — a monetary increase of **$850 billion,** a rise of their combined wealth of the order of more than 28 percent (see IPS study).[4]

This esimate does not account for the increase in wealth during the period preceding March 18, 2020 which was marked by a series of stock market crashes.[5]

And commencing in late 2020, the billionaire class was involved in sustaining a second wave lockdown involving the partial closure of the world economy.

The table below identifies the increase in personal wealth of the five richest US billionaires (March 18 – June 17, 2020). (Not outlined in the table is the wealth of US billionaires which increased by another $266 billion from June to October 2020).

WEALTH OF U.S. BILLIONAIRES GREW $584 BILLION (20%) SINCE BEGINNING OF PANDEMIC

March 18 – June 17, 2020

Name	March 18 Net Worth ($ Billions)	June 17 Real Time Worth ($ Billions)	Wealth Growth in 3 Months ($ Billions)	% Growth in 3 Months	Source
Jeff Bezos	$113.0	$156,751	$43,751	38.7%	Amazon
Bill Gates	$98.0	$109,472	$11,472	11.7%	Microsoft
Mark Zuckerberg	$54.7	$86,766	$32,066	58.6%	Facebook
Warren Buffett	$67.5	$71,929	$4,429	6.6%	Berkshire Hathaway
Larry Ellison	$59.0	$69,003	$10,003	17.0%	Oracle
SUBTOTAL	**$392.2**	**$493,921**	**$101,721**	**25.9%**	
ALL OTHERS	**$2,555.3**	**$3,037,459**	**$482,159**	**18.9%**	
TOTAL	**$2,947.5**	**$3,531,379**	**$583,879**	**19.8%**	

Source: Institute for Policy Studies

Billionaire wealth growth (March 2020 – March 2021) resulting from the implementation of the March 2020 lockdown, Chuck Collins (in an incisive study published by Inequality.org) estimates billionaire wealth growth over a full year, based on Forbes data compiled in this report by ATF and IPS.[6,7]

> **March 18 [2020] is used as the unofficial beginning of the crisis** because by then most federal and state economic restrictions responding to the virus were in place. March 18 was also the date that Forbes picked to measure billionaire wealth for the 2020 edition of its annual billionaires' report, which provided a baseline that ATF and IPS compare periodically with real-time data from the Forbes website. PolitiFact has favorably reviewed this methodology.[8]

TABLE 1

U.S. BILLIONAIRES WITH THE GREATEST TOTAL WEALTH GROWTH IN ONE YEAR
March 18, 2020 - March 18, 2021

Name	Net Worth Mar. 18, 2020 ($ Billions)	Real Time Worth Mar. 18, 2021 ($ Billions)	Wealth Growth Mar. 18, 2020 - Mar. 18, 2021 ($ Billions)	% Wealth Growth Mar. 18, 2020 – Mar. 18, 2021	Primary Source	State
Elon Musk	$24.6	$162.1	$137.5	558.9%	Tesla, SpaceX	California
Jeff Bezos	$113.0	$178.1	$65.1	57.6%	Amazon	Washington
Mark Zuckerberg	$54.7	$101.7	$47.0	85.9%	Facebook	California
Daniel Gilbert	$6.5	$48.2	$41.7	641.5%	Quicken Loans	Michigan
Larry Page	$50.9	$88.6	$37.7	74.1%	Google	California
Sergey Brin	$49.1	$86.0	$36.9	75.2%	Google	California
Larry Ellison	$59.0	$90.2	$31.2	52.9%	Oracle	California
Warren Buffett	$67.5	$96.5	$29.0	43.0%	Berkshire Hathaway	Nebraska
Bill Gates	$98.0	$126.5	$28.5	29.1%	Microsoft	Washington
Phil Knight	$29.5	$52.9	$23.4	79.3%	Nike	Oregon
Michael Dell	$22.9	$46.2	$23.3	101.7%	Dell computers	Texas
MacKenzie Scott	$36.0	$53.5	$17.5	48.6%	Amazon	Washington
Steve Ballmer	$52.7	$68.4	$15.7	29.8%	Microsoft	Washington
Len Blavatnik	$17.0	$31.7	$14.7	86.5%	diversified	
Ernest Garcia, II.	$2.4	$16.0	$13.6	566.7%	used cars	Arizona
SUBTOTAL	**$683.8**	**$1,246.6**	**$562.8**	**82.3%**		
ALL OTHERS	**$2,263.7**	**$3,016.9**	**$753.2**	**33.3%**		
TOTAL	**$2,947.5**	**$4,263.5**	**$1,316.0**	**44.6%**		

Source: Forbes data analyzed by Americans for Tax Fairness and Institute for Policy Studies, March 18, 2021

Source: Forbes data analyzed by Americans for Tax Fairness and Institute for Policy Studies

TABLE 2

U.S. BILLIONAIRES WITH THE GREATEST PERCENT OF WEALTH GROWTH IN ONE YEAR
March 18, 2020 - March 18, 2021

Name	Net Worth Mar. 18, 2020 ($ Billions)	Real Time Worth Mar. 18, 2021 ($ Billions)	Wealth Growth Mar. 18, 2020 - Mar. 18, 2021 ($ Billions)	% Wealth Growth Mar. 18, 2020 - Mar. 18, 2021	Primary Source	State
Bom Kim	$1.0	$7.7	$6.7	670.0%	online retailing	
Daniel Gilbert	$6.5	$48.2	$41.7	641.5%	Quicken Loans	Michigan
Ernest Garcia, II.	$2.4	$16.0	$13.6	566.7%	used cars	Arizona
Elon Musk	$24.6	$162.1	$137.5	558.9%	Tesla, SpaceX	California
Brian Armstrong	$1.0	$6.5	$5.5	550.0%	cryptocurrency	California
Bobby Murphy	$1.9	$12.0	$10.1	531.6%	Snapchat	California
Evan Spiegel	$1.9	$11.2	$9.3	489.5%	Snapchat	California
Jack Dorsey	$2.6	$12.9	$10.3	396.2%	Twitter, Square	California
Anthony Wood	$1.6	$6.9	$5.3	331.3%	Roku	California
Jeff Green	$1.0	$4.0	$3.0	300.0%	digital advertising	California
SUBTOTAL	**$44.5**	**$287.5**	**$243.0**	**546.1%**		
ALL OTHERS	**$2,903.0**	**$3,976.0**	**$1,073.0**	**37.0%**		
TOTAL	**$2,947.5**	**$4,263.5**	**$1,316.0**	**44.6%**		

Source: Institute for Policy Studies

TABLE 3

ONE-YEAR U.S. BILLIONAIRE WEALTH GROWTH BY INDUSTRY
March 18, 2020 - March 18, 2021

Industry	Net Worth Mar. 18, 2020 ($ Billions)	Net Worth Mar. 18, 2021 ($ Billions)	1 Year Wealth Growth ($ Billions)	1 Year % Wealth Growth	Number of Billionaires Per Industry
Technology	$833	$1,397	$564	67.8%	121
Finance & Investments	$617	$843	$226	36.6%	166
Automotive	$54	$227	$172	316.9%	17
Fashion & Retail	$363	$463	$100	27.4%	51
Media & Entertainment	$191	$249	$58	30.6%	36
Food & Beverage	$218	$271	$54	24.6%	63
Diversified	$104	$135	$31	30.1%	10
Healthcare	$68	$105	$36	52.9%	27
Manufacturing	$62	$90	$28	45.6%	26
Energy	$84	$107	$23	26.8%	31
Service	$66	$82	$16	24.7%	26
Real Estate	$142	$157	$15	10.7%	44
Logistics	$16	$22	$6	37.9%	6
Sports	$74	$79	$5	6.3%	23
Construction & Engineering	$11	$14	$3	29.0%	3
Telecom	$8	$11	$3	37.2%	3
Gambling & Casinos	$37	$13	($25)	-66.2%	4
TOTAL	**$2,947.5**	**$4,263.5**	**$1,316.0**	**44.6%**	**657**

Source: Forbes data analyzed by Americans for Tax Fairness and Institute for Policy Studies, March 18, 2021

Source: Forbes data analyzed by Americans for Tax Fairness and Institute for Policy Studies

The Enrichment of Big Pharma

The Forbes report underscores the enrichment of the CEOs of both Western and China's Big Pharma conglomerates involved in the COVID vaccine as well as in the lucrative sale (worldwide) of face masks and medical supplies.[9]

These include Moderna CEO Stéphane Bancel and BioNTech co-founder Uğur Şahin.

China's Big Pharma is a full-fledged partner in this process of enrichment. The CEOs of several China-based pharmaceutical companies include Tianjin's CanSino Biologics, Inco, Shenzhen's Contec Medical Systems, and Sansure Biotech, which makes COVID-19 tests, as well as China's vaccine conglomerate Sinovac.

Among China's Big Pharma multi-billionaires is Li Jianquan, president of Chinese medical products manufacturer Winner Medical. Several of the products related to the COVID pandemic, including face masks, are produced by Winner Medical.

Li Jianquan has a net worth of 6.8 billion (for details, see Forbes Report).[10]

For the complete list of billionaires in 2020-2021, consult the Forbes list.[11]

The Geopolitics of Global Wealth

In 2022, Forbes reported a reshuffle of worldwide billionaire wealth to the detriment of Russia and China. 34 fewer billionaires in Russia (compared to 2021) and "87 fewer Chinese billionaires on the list":

> America still leads the world, with 735 billionaires worth a collective $4.7 trillion, including Elon Musk, who tops the World's Billionaires list for the first time. China (including Macau and Hong Kong) remains number two, with 607 billionaires worth a collective $2.3 trillion."

For the full list of the 2022 world's billionaires, see Forbes **real-time billionaires rankings**.

Billionaire Enrichment and the Demise of the Family Farm

The ongoing demise of family-owned agriculture has been exacerbated by the lockdown policies.

Bill Gates is using the money appropriated during the financial crisis to extend his corporate control in a variety of economic activities, "buying devalued assets at fire-sale prices" including the acquisition of farmland (see Robert F. Kennedy, Jr. on Neo-feudalism).[12]

According to The Land Report (February 2021), Bill and Melinda Gates are now America's largest farm owners to the detriment of family farming, which over the years has been driven into bankruptcy.

The Gates portfolio consists of "242,000 acres of American farmland and nearly 27,000 acres of other land across Louisiana, Arkansas, Nebraska, Arizona, Florida, Washington and 18 other states" (see the analysis by Robert F. Kennedy, Jr.).[13]

See the map below indicating a total of 268,984 acres accruing to the Gates. This is tantamount to the de facto expropriation of thousands of family farms over a vast area of the United States.

This process spearheaded by mounting debts and bankruptcies commenced prior to the pandemic and will in all likelihood continue under the so-called “new normal”.

This graph is based on a 2021 report by The Land Report

Billionaire Wealth Is Not the Result of Economic Growth

This enrichment of a social minority is not based on the creation of “new wealth” resulting from real economic growth. Quite the opposite. It is the result of an engineered global economic depression.

The process of **billionaire enrichment** feeds on economic and social chaos. It relies heavily on the “fear campaign” and the worldwide destabilization of both financial markets and the real economy.

It has been instrumental in triggering an unprecedented process of **redistribution of income and wealth**. Large sectors of the world population have been driven into extreme poverty.

Billionaire enrichment involves the acquisition of economic and financial assets at rock bottom prices, the takeover of bankrupt enterprises in major sectors of economic activity, the manipulation of markets (bonds, equities, commodities, currency markets, etc.) including the use of speculative instruments, derivative trade, involving “foreknowledge” and “inside information” (see Chapter IV).

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——————————————CHAPTER VI——————————————

The Impacts on Mental Health

"*If we don't stand up against this lockdown madness right now, we are complicit in the soul murder of our children! Yet the majority of parents and educators in kindergartens and schools … silently accept that corrupt governments are driving their children into madness or even suicide and thus strangling the future of all of us.* –**Rudolf Haensel**, September 2021

"Smiling as a facial expression has existed since the dawn of mankind. It is an inherent feature of human beings. Coupled with mandatory social distancing, the Covid mask hides our faces and prevents us from expressing our feelings while meeting and interacting with our fellow human beings. The mandates create an aura of social despair. Smiling and laughter reduces stress, encourages dialogue, exchange, solidarity, conflict resolution. Smiling also constitutes a means to confronting the Covid-19 fear campaign." –**Michel Chossudovsky,** May 2022

"There has been another cost that we've seen, particularly in high schools. We're seeing, sadly, far greater suicides now than there are deaths from COVID. We're seeing far greater deaths from drug overdose." –**Dr. Robert Redfield**, former director of the CDC, July 14, 2020

Introduction

The coronavirus mental health predicament of several billion people worldwide is the result of

- social engineering including confinement, isolation, social distancing and the mask,
- the incessant 24/7 fear campaign waged by the media and the governments,
- the spike in unemployment, mass poverty and despair triggered by the worldwide destabilization of national economies.

Image: Pixabay License/No attribution required

Psychiatrists have addressed the "negative impacts" on mental health pertaining to the factors mentioned above. Confirmed by peer-reviewed reports, the lockdowns have also been conducive to triggering depression, uncertainty, and anxiety.

> "There is concern the Coronavirus Disease (COVID)-19 pandemic is having a negative impact on the mental health of the general population through a range of suggested mechanisms: fear, uncertainty, and anxiety; social distancing/isolation; loneliness; and economic repercussions."[1]

The overall picture of the impacts of the corona crisis on mental health is yet to be fully addressed. Our analysis will focus on the following issues for which data is available:

1. **the dramatic increase in suicides** worldwide in countries where the lockdown was imposed,

2. the increase in mortality attributable to **drug overdose** (cocaine, opioids),

3. **the rise in alcoholism** resulting from a hike in alcohol consumption.

Worldwide Rise in Suicides

The WHO has failed to report on suicide deaths since the beginning of the pandemic. Similarly, at the time of writing, the reported suicide statistics in the US pertaining to 2021-22 are not available. Our analysis is largely based on case study reports.

Suicides in the US

In 2019, suicides were the tenth leading cause of death in the US, 47,511 Americans died by suicide.[2] The estimated number of suicide attempts in 2019 was of the order of 1.38 million.[3]

The evidence is scanty.

A CDC-sponsored peer-reviewed report (Mark É. Czeisler, Rashon I. Lane, Emiko Petrosky, et al.) confirms that the **loss of employment and purchasing power in the immediate aftermath of the March 2020 lockdown played a key role** specifically among "vulnerable" social and low income groups, in triggering a wave of depression and anxiety, which resulted in what they describe as "**suicide ideation**" (thinking about different ways to die).[4]

The authors confirm that:

> **Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020** compared with the same period in 2019 (1,2). ….
>
> The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults (30.7%), and essential workers (21.7%).[5]

Another study confirms that '**social distancing/isolation and loneliness**' resulting from the lockdown policies are factors which may have contributed to suicide:

> "Secondary consequences of social distancing may increase the risk of suicide," researchers noted in an April 10, 2020 paper published by the American Medical Association.[6]
>
> "It is important to consider changes in a variety of economic, psycho-social, and health-associated risk factors." (See FEE)
>
> Essentially, researchers warned **forced isolation could prove to be "a perfect storm" for suicide**. (emphasis added)[7]

The central issue — which is not addressed by the peer-reviewed reports — is how the engineered loss of employment and purchasing power resulting from the lockdown coupled with confinement leads to depression and despair.[8]

Anxiety and depression resulting from unemployment and loss of income is a worldwide phenomenon, unprecedented in world history. Country by country, one can observe similar tendencies. Low-income

developing countries such as India are experiencing a situation of total despair affecting large sectors of an impoverished population.

Suicides in India

The lockdown in India has been conducive to a spike in suicides which is a consequence of "severe hardship … as entire livelihoods have come undone, amid an escalating job crisis".[9]

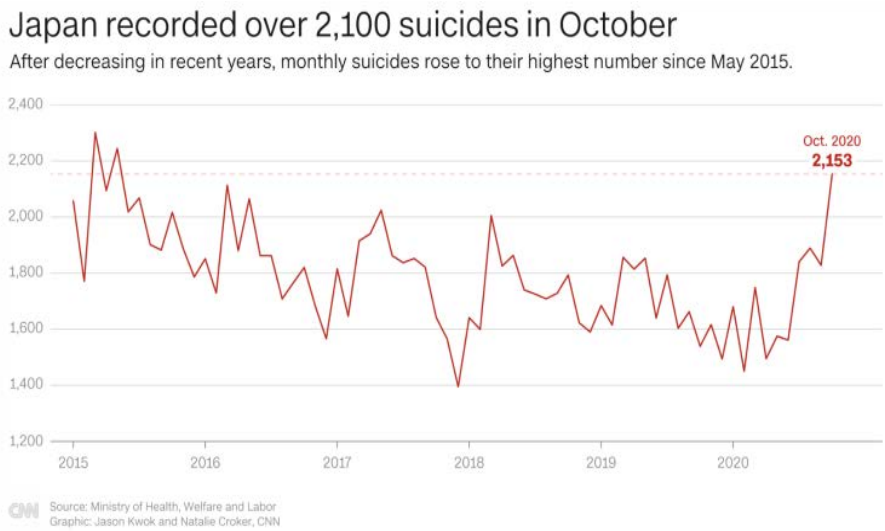
> "It should come as little surprise then that the spectre of suicide has raised its ugly head, with spikes in reports of people, who see no change in fortune on the horizon, taking their own lives."

The Brookings Institute has also addressed the role of the corona crisis in triggering suicides in India:

> Anecdotal evidence for India, meanwhile, suggests increases in rural suicides. India instituted one of the world's strictest lockdowns amidst high rates of poverty. … Lockdowns resulted in millions of more Indians entering poverty and **exacerbated one of the highest suicide rates in the world**. The additional numbers of suicides are estimated to be well into the thousands.[10]

Suicides in Japan

While the overall number of suicides had declined steadily in recent years, **2020 marked the first time within the past decade that suicide numbers were rising again**. (Statista)[11]



Notice the surge in suicide rates immediately following the lockdown (Source: Ministry of Health, Welfare and Labor/Graphic: Jason Kwok and Natalie Croker, CNN)

This sudden upward trend was triggered by COVID-19 lockdown policies. In 2020, approximately 21,000 people committed suicide in Japan,[12]

> **"Far more Japanese people are dying of suicide, likely exacerbated by the economic and social repercussions of the pandemic, than of the COVID-19 disease itself.** …

Provisional statistics from the National Police Agency show suicides surged to 2,153 in October [2020] alone, marking the fourth straight month of increase." CBS November 2020 report (emphasis added)[13]

The above report confirms that suicides among women in Japan increased dramatically in the wake of the March 2020 lockdown. In October 2020 (compared to October of the previous year), female suicides had increased by 83% (in comparison to male suicides which increased by 22% over the same time period).[14]

Suicides Among Japan's Schoolchildren

A 2021 report by Japan's Ministry of Education confirms that suicide among Japanese schoolchildren had hit a record high during the 2020 school year.

> "Japan recorded 415 suicides among schoolchildren aged 6 to 18 during the 2020 school year — the highest number since records began in 1974…. The figure was 31% higher than the previous school year, when 317 schoolchildren died."[15]

The report from the Ministry of Education suggests that "the pandemic has caused changes in the school and family environment and had an impact on children's behavior".

Deaths Resulting from Drug Overdose

The main drug opioid categories (CDC) are as follows:

- **illegal heroin**
- synthetic opioids such as **fentanyl**
- so-called "pain relievers" including **oxycodone** (OxyContinÂ®), **hydrocodone** (VicodinÂ®)
- **codeine**
- **morphine**
- etc.

The drugs listed above are "chemically-related and interact with opioid receptors on nerve cells in the body and brain" (CDC).

Recorded in 2020, the corona crisis has contributed to a significant increase in both opioid and cocaine sales in the US.

According to the CDC:

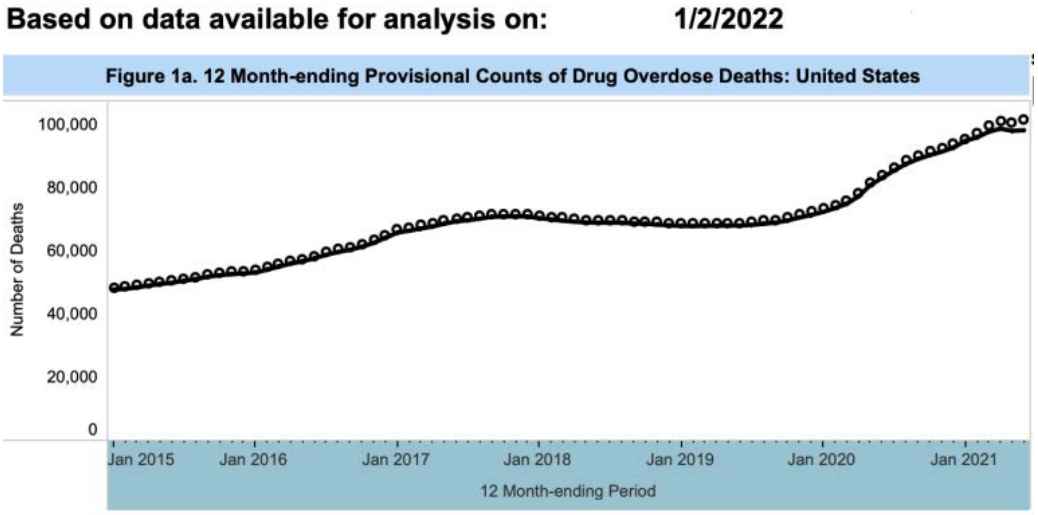
> **Synthetic opioids** ([categorized by the CDC as] primarily illicitly manufactured fentanyl) appear to be the primary driver of the increases in overdose deaths, **increasing 38.4 percent** from the 12-month period leading up to June 2019 compared with the 12-month period leading up to May 2020. …

> **Overdose deaths involving cocaine also increased by 26.5 percent.** … Overdose deaths involving psychostimulants, such as methamphetamine [produced by GSM], increased by **34.8 percent**. The number of deaths involving psychostimulants now exceeds the number of cocaine-involved deaths.[16] (CDC December 2020 Report) (emphasis added)

The US Centers for Disease Control and Prevention (CDC) reported in December 2020 that the pandemic may have contributed to **"a rise in deadly drug overdoses."** While the data is incomplete, the CDC report confirms a sizeable increase in the number of deaths attributable to drug overdose (related to consumption of cocaine and opioids):

> **Drug overdoses were linked to more than 81,000 people's deaths between June 2019 and May 2020**, according to the Centers for Disease Control and Prevention, **jumping 18 percent compared to the previous 12-month** period. Such deaths rose 20 percent or more in 25 states and the District of Columbia, the report said.[17] (PBS report)

The CDC graph based on both the predicted as well as reported values (i.e. numbers) of deaths attributed to drug overdoses reveals that the monthly count started to accelerate in February 2020.[18]



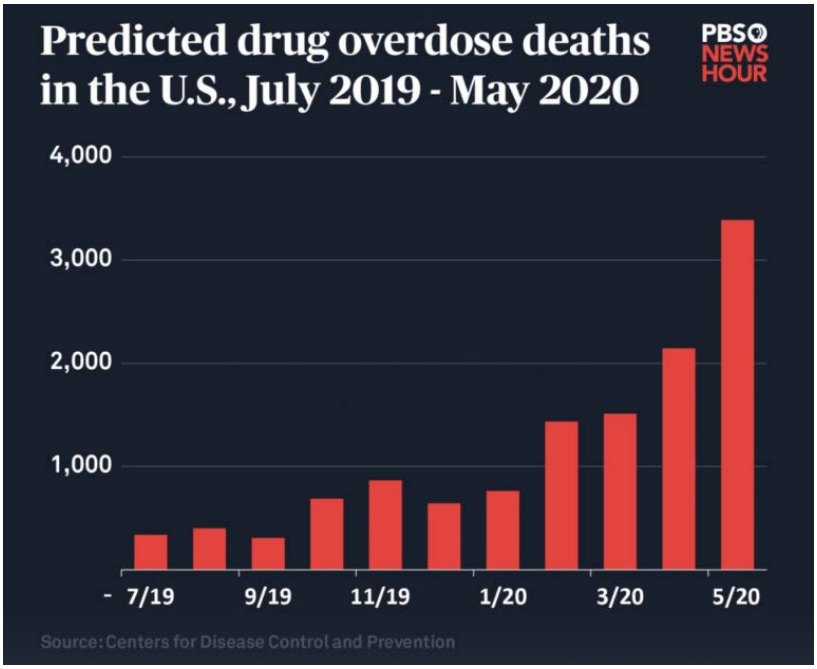
Screenshot from CDC

> **In April, 2020, 2,146** people died of opioid overdose, followed by **3,388 deaths in May 2020** marking the largest monthly increases since 2015 when the federal government began collecting this data.[17] (Quoted in PBS report)

The following graph indicates the US monthly data. In the months prior to the corona crisis (July 2019 to January 2020), the monthly drug overdose death count was substantially below 1,000.

The hike starts in February (coinciding with the financial crash). **Following the mid-March lockdown, drug overdose deaths went fly high.**

In May 2020, the overdose death count was in excess of 3,000, i.e. **a more than three-fold increase** in relation to the drug overdose deaths recorded prior to the corona crisis. **In the US,** the recorded monthly **drug overdose deaths in 2020 have more than tripled.**[17]



Graph based on CDC data quoted above. Source: PBS

More recent CDC data confirms that the increase in deaths attributable to drug overdose has continued to increase:

> From 71,130 deaths in 2019 (end of December 2019) to 92,478 in 2020 (end of December 2020), **namely an increase of 21,348 deaths in the course of 2020 in relation to 2019.**[19]

This upward trend has continued in the course of 2021.

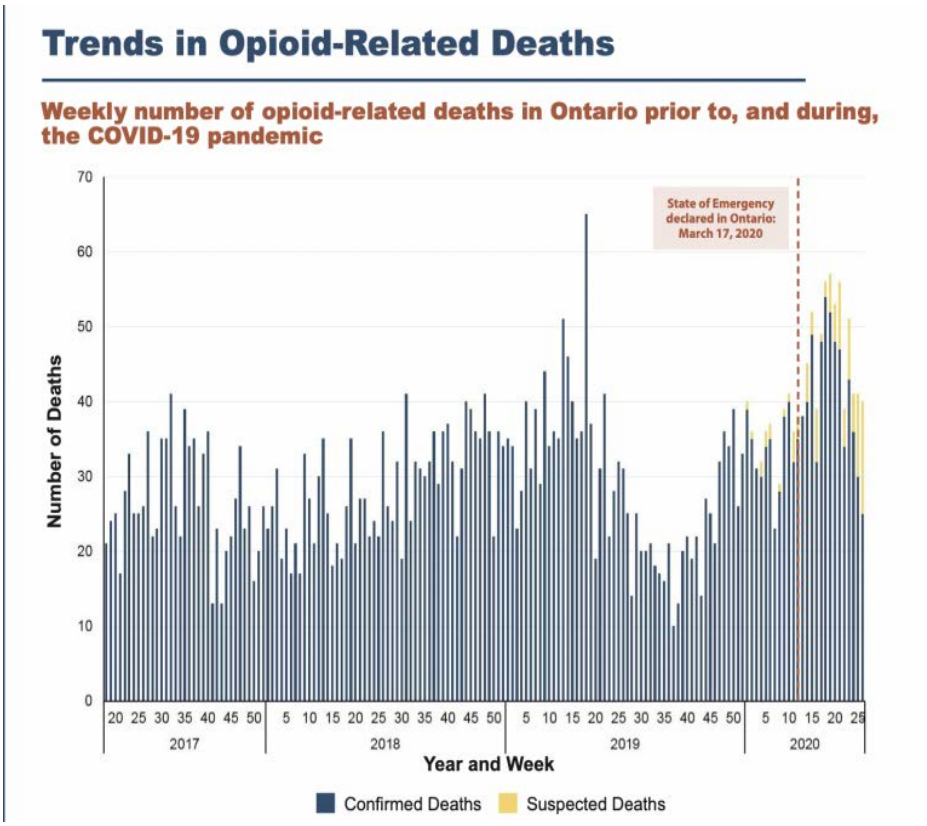
In the twelve-month period finishing in June 2021, the number of recorded drug overdose deaths reached almost 100,000 fatalities (end of June 2021: 98,022).[20]

Opioid-related Deaths in Canada

The tendency in Canada is consistent with that observed in the US. A dramatic increase in opioid-related deaths was recorded in Ontario following the March 17, 2020 lockdown emergency which was coupled with unemployment following the closing down of economic activity:

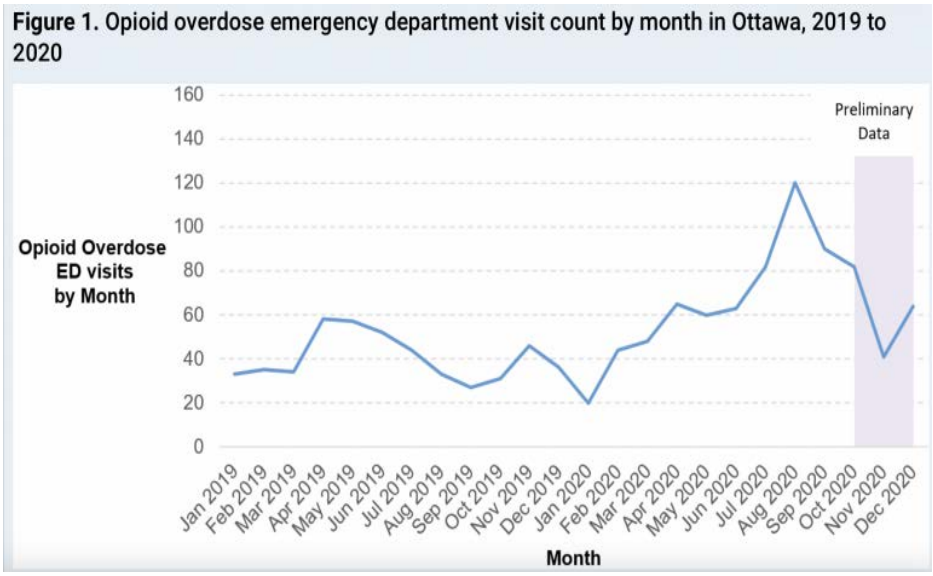
> **The number of opioid-related deaths increased quickly in the weeks following the state of emergency declaration in Ontario on March 17, 2020.** Overall, there was a 38.2% increase in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic (695 deaths; average of 46 deaths weekly) compared to the 15 weeks immediately prior (503 deaths; average of 34 deaths weekly).[21]

It is worth noting that in the course of the pandemic, fentanyl (pharmaceutical opioid) accounted for 87% of opioid-related deaths (87.2% [N=538 of 617]) compared to the pre-pandemic cohort (79.2% [N=399 of 504]).[22]



Source: Public Health Ontario

The following graph provides a clear-cut picture of the dramatic rise in opioid overdose emergency visits in Ottawa starting from January 2020 through December 2020.



Source: Public Health Ontario

The Production and Trade in Opioids

According to UN sources, **Afghanistan currently produces 94% percent of the world's opium**

supply, which is transformed into heroin, morphine as well as pharmaceutical opioids. The heroin trade is protected.[23] US military presence in Afghanistan plays a key role. It's a multi-billion dollar operation involving both the drug cartels (illegal heroin) and (indirectly) Big Pharma which is involved in the sale and distribution of pharmaceutical opioids.[24]

Several Big Pharma companies involved in the marketing of the COVID-19 vaccine including Pfizer and Johnson & Johnson are also involved in the highly profitable (and legal) sale of pharmaceutical opioids, which in the course of the corona crisis (2020-2021) have become one of the main sources of drug overdose.

Corrupt Big Pharma Companies

Local communities across America took a stance against the Pharma giants with regard to opioids. In 2019-20, a multi-billion dollar **opioid settlement** was reached with **Purdue Pharma** on behalf of thousands of US cities and counties.

> "In October [2020], Oxycontin-maker Purdue admitted to enabling the supply of drugs "without legitimate medical purpose", paying doctors and others illegal kickbacks to prescribe the drugs, among other claims. It agreed to pay $8.3bn." (BBC, February 4, 2021)[25]

At the height of the corona crisis (November 2020):

> "Four major Big Pharma distributors (Johnson & Johnson, McKesson, Cardinal Health, Amerisource Bergen) involved in the production (J&J) and distribution of **prescription opioids** "reached a tentative multi-billion settlement with counties and cities that sued them for damages".[26]

The settlement was referred to as the "**Opioid Epidemic."** What is its relationship to the corona crisis? In a bitter irony, Johnson & Johnson, which has been the object of a prescription opioids class action lawsuit, is also a major distributor of the COVID-19 vaccine.

These same Big Pharma distributors benefited from the spike in the sales of opioids resulting from the lockdown, which in turn contributed to a significant increase in **drug overdose deaths** in the course of 2020-2021 (see graphs above).

In a bitter irony, the spike in drug overdose has led to increased profits for Big Pharma.

While Big Pharma is the object of a multi-billion dollar civil lawsuit on the fraudulent distribution of prescription opioids, several of these corrupt companies are now entangled in promoting the COVID-19 vaccine initiative. According to Bloomberg, "more than 400,000 Americans have died over the last two decades from [drug] overdose".[27]

And now, since the onset of the corona crisis in February 2020, monthly deaths resulting from drug overdose have more than tripled (see graph above).

Alcoholism

Drug abuse and alcoholism are often related.

> "**Drug and alcohol abuse have increased with COVID, and so has suicide**. Help hotlines are flooded and certain statistics — online alcohol sales increased in the U.S. by over 200% — paint a dark picture."

> "Addiction is skyrocketing," says addiction therapist **Cindi Brand,** who worked formerly with CAMH.
>
> The pandemic has increased all forms of anxiety and stress even … Social distancing means people with addiction issues "can't possibly get the help they need right now," she says. (emphasis added)[28]

Increase in Sales of Alcohol

An upward trend in alcoholism during the corona crisis in the US is confirmed by **a significant increase in the sale of alcohol**. According to a Nielsen study, the stay at home orders in March 2020 resulted in **"a 54% increase in national sales of alcohol** for the week ending March 21, 2020, compared with one year before; online sales increased 262% from 2019."[29]

A RAND corporation sample survey study conducted with the support of the National Institute of Alcohol Abuse and Alcoholism (NIAAA) consisted in comparing adults' drinking habits in 2019 with those prevailing during the corona crisis (2020):

> "American adults have sharply increased their consumption of alcohol during the shutdown triggered by the coronavirus pandemic, with women increasing their heavy drinking episodes (four or more drinks within a couple of hours) by 41%
>
> …
>
> A national survey found that the overall frequency of alcohol consumption increased by 14% among adults over age 30, compared to the same time last year. The increase was 19% among all adults aged 30 to 59, 17% among women, and 10% among for non-Hispanic white adults." (Rand Corporation)[30]

While the Rand Corporation study on drinking habits reveals an increase in the consumption of alcohol, the results must be interpreted with caution. The recorded increase in the actual sale of alcohol (54%) was significantly higher than the estimated increase in drinking, based on the Rand sample survey. Concurrently, however, during lockdown, consumption of alcohol has largely been taking place in homes, rather than in (closed) bars and restaurants.[31]

According to Michael Pollard, lead author of the study at RAND, "People's depression increases, anxiety increases, [and] alcohol use is often a way to cope with these feelings."[32]

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CHAPTER VII

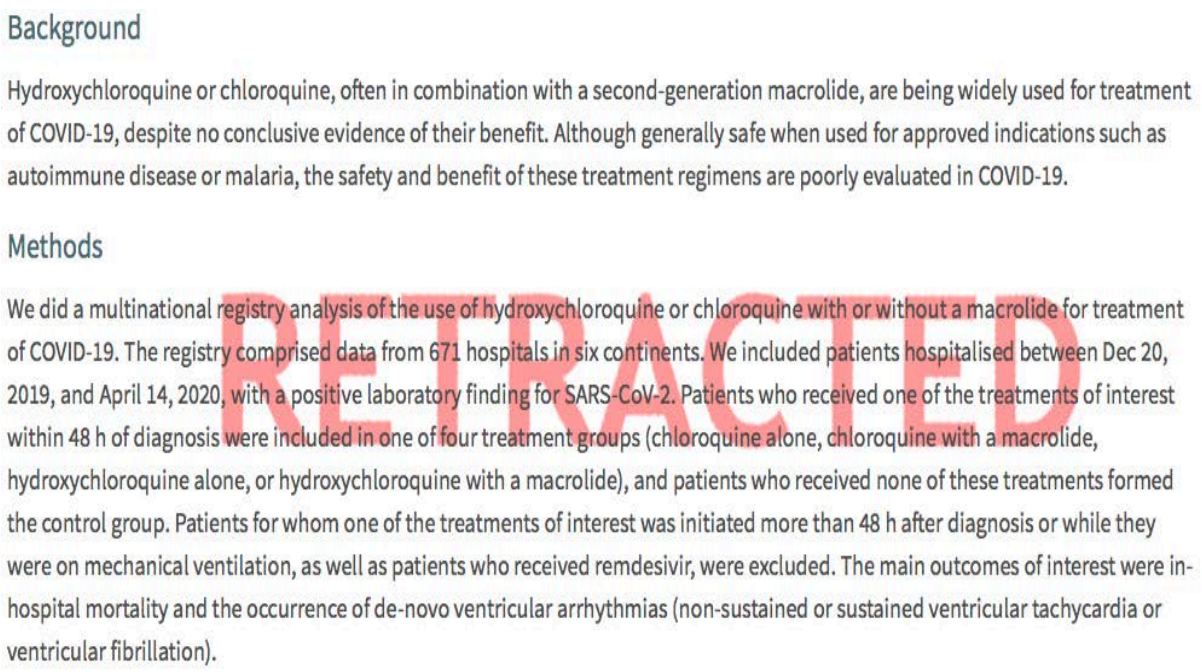
Corrupt Science: "There Is No Cure"

Suppression of Hydroxychloroquine (HCQ), A Cheap and Effective Drug

There was an ongoing battle to suppress **hydroxychloroquine (HCQ),** a cheap and effective drug for the treatment of COVI-19. The campaign against HCQ was carried out through slanderous political statements, media smears, not to mention an authoritative peer-reviewed "evaluation" published on May 22 by **The Lancet,** which was based on fake figures and test trials.

The study was allegedly based on data analysis of **96,032 patients** hospitalized with COVID-19 between Dec 20, 2019, and April 14, 2020 from **671 hospitals** worldwide. The database had been fabricated. The objective was to kill the **hydroxychloroquine (**HCQ) cure on behalf of Big Pharma.

While **The Lancet** article was retracted, the media casually blamed "a tiny US-based company" named Surgisphere whose employees included "a sci-fi writer and adult content model" for spreading "flawed data" (Guardian). This Chicago-based outfit was accused of having misled both the WHO and national governments, inciting them to ban HCQ. None of those trial tests actually took place.



Background

Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods

We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory finding for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or while they were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (non-sustained or sustained ventricular tachycardia or ventricular fibrillation).

RETRACTED

Screenshot from The Lancet (No copyright infringement intended.)

While the blame was placed on Surgisphere, the unspoken truth (which neither the scientific community nor the media has acknowledged) is that the study was coordinated by Harvard

professor **Mandeep Mehra** under the auspices of Brigham and Women's Hospital (BWH), which is a partner of the Harvard Medical School.

When the scam was revealed, **Dr. Mandeep Mehra**, who holds the Harvey Distinguished Chair of Medicine at Brigham and Women's Hospital, apologized:

> "I have always performed my research in accordance with the highest ethical and professional guidelines. However, we can never forget the responsibility we have as researchers to scrupulously ensure that we rely on data sources that adhere to our high standards.
>
> It is now clear to me that in my hope to contribute this research during a time of great need, I did not do enough to ensure that the data source was appropriate for this use. For that, and for all the disruptions – both directly and indirectly – **I am truly sorry**." (emphasis added)
>
> Mandeep R. Mehra, MD, MSC (official statement on BWH website)[1]

But that "truly sorry" note was just the tip of the iceberg. Why?

The studies respectively on Gilead Sciences' remdesivir and on hydroxychloroquine (HCQ) were conducted simultaneously by Brigham and Women's Hospital (BWH).

While ***The Lancet*** report (May 22, 2020) coordinated by **Dr. Mandeep Mehra** was intended "to kill" the legitimacy of HCQ as a cure of COVID-19, another important (related) study was being carried out (concurrently) at BWH pertaining to remdesivir on behalf of Gilead Sciences, Inc.

Dr. Francisco Marty, a specialist in Infectious Disease and Associate Professor at Harvard Medical School, was entrusted with coordination of the clinical trial tests of the antiviral medication remdesivir under Brigham's contract with **Gilead Sciences, Inc**[2]:

> "Brigham and Women's Hospital began enrolling patients in two clinical trials for Gilead's antiviral medication remdesivir. The Brigham is one of multiple clinical trial sites for a Gilead-initiated study of the drug in 600 participants with moderate coronavirus disease (COVID-19) and a Gilead-initiated study of 400 participants with severe COVID-19.
>
> … If the results are promising, this could lead to FDA approval, and if they aren't, it gives us critical information in the fight against COVID-19 and allows us to move on to other therapies."

While Dr. Mandeep Mehra was not directly involved in the Gilead Remdesivir BWH study under the supervision of his colleague Dr. Francisco Marty, he nonetheless had contacts with Gilead Sciences, Inc:

> "He participated in a conference sponsored by Gilead in early April 2020 as part of the Covid-19 debate" (France Soir, May 23, 2020)[3]

What was the intent of his (failed) study? To undermine the legitimacy of hydroxychloroquine?

According to France Soir, in a report published after The Lancet retraction:

> The often **evasive answers produced by Dr Mandeep R. Mehra**, … professor at Harvard Medical School, did not produce confidence, fueling doubt instead about **the integrity of this retrospective study and its results**. (France Soir, June 5, 2020)[4]

Was Dr. Mandeep Mehra in conflict of interest? (That is a matter for BWH and the Harvard Medical School to decide upon)

Who Were the Main Actors?

Dr. Anthony Fauci, portrayed as "America's top infectious disease expert," played a key role in smearing the HCQ cure which had been approved years earlier by the CDC as well as providing legitimacy to Gilead's remdesivir.

Dr. Fauci has been the head of the National Institute of Allergy and Infectious Diseases (NIAID) since the Reagan administration. He is known to act as a mouthpiece for Big Pharma.

Dr. Fauci launched remdesivir in late June (see details below). According to Fauci, remdesivir is the "corona wonder drug" developed by **Gilead Sciences, Inc**. It's a $1.6 billion dollar bonanza.

Gilead Sciences, Inc: History

Gilead Sciences, Inc is a multi-billion dollar bio-pharmaceutical company which is now involved in developing and marketing remdesivir. Gilead has a long history. It has the backing of major investment conglomerates including the Vanguard Group and Capital Research & Management Co, among others. It has developed ties with the US government.

In 1999, Gilead Sciences, Inc developed Tamiflu (used as a treatment of seasonal influenza and bird flu). At the time, Gilead Sciences, Inc was headed by **Donald Rumsfeld** (1997-2001), who later joined the George W. Bush administration as Secretary of Defense (2001-2006). Rumsfeld was responsible for coordinating the illegal and criminal wars on Afghanistan (2001) and Iraq (2003).

Rumsfeld maintained his links to Gilead Sciences, Inc throughout his tenure as Secretary of Defense (2001-2006). According to CNN Money (2005): "The prospect of a bird flu outbreak … was very good news for Defense Secretary Donald Rumsfeld [who still owned Gilead stocks] and other politically connected investors in Gilead Sciences."[5]

Anthony Fauci has been in charge of the NIAID since 1984, using his position as "a go-between" the US government and Big Pharma. During Rumsfeld's tenure as Secretary of Defense, the budget allocated to bio-terrorism increased substantially, involving contracts with Big Pharma including Gilead Sciences, Inc. Anthony Fauci considered that the money allocated to bio-terrorism in early 2002 would:

> "accelerate our understanding of the biology and pathogenesis of microbes that can be used in attacks, and the biology of the microbes' hosts— human beings and their immune systems. One result should be more effective vaccines with less toxicity." (Washington Post, February 7, 2022)[6]

In 2008, **Dr. Anthony Fauci** was granted the Presidential Medal of Freedom by **President George W. Bush** "for his determined and aggressive efforts to help others live longer and healthier lives."[7]

Dr. Anthony S. Fauci, listens Thursday, June 19, 2008, as he is announced as a recipient of the 2008 Presidential Medal of Freedom, at ceremonies in the East Room of the White House. (White House photo by Shealah Craighead)

The 2020 Gilead Sciences, Inc. Remdesivir Project

We will be focusing on key documents (and events).

Chronology (February-June 2020)

February 21, 2020: Initial release pertaining to NIH-NIAID remdesivir placebo test trial

April 10: The Gilead Sciences, Inc study published in the NEJM on the "Compassionate Use of Remdesivir"

April 29: NIH released study on remdesivir (report published on May 22 in NEJM)

May 22: The BWH-Harvard Study on Hydroxychloroquine coordinated by Dr. Mandeep Mehra published in The Lancet

May 22: Remdesivir for the Treatment of COVID-19 — Preliminary Report, National Institute of Allergy and Infectious Diseases, National Institutes of Health, New England Journal of Medicine (NEJM)

June 5: The (fake) Lancet Report (May 22) on HCQ is retracted

June 29: Fauci announcement. The $1.6 billion remdesivir HHS agreement with Gilead Sciences, Inc

April 10, 2020: The Gilead Sciences, Inc study published in the NEJM on the "Compassionate Use of Remdesivir"

A Gilead-sponsored report was published in New England Journal of Medicine in an article entitled "Compassionate Use of Remdesivir for Patients with Severe COVID-19". It was co-authored by an impressive list of 56 distinguished medical doctors and scientists, many of whom were recipients of consulting fees from Gilead Sciences, Inc.

Gilead Sciences, Inc. funded the study which included several staff members as co-authors.

> "The testing included a total of 61 patients [who] received at least one dose of remdesivir on or before March 7, 2020; 8 of these patients were excluded because of missing postbaseline information (7 patients) and an erroneous remdesivir start date (1 patient) … Of the **53 remaining patients included in this analysis,** 40 (75%) received the full 10-day course of remdesivir, 10 (19%) received 5 to 9 days of treatment, and 3 (6%) fewer than 5 days of treatment." (NEJM, April 10, 2020)[8]

The NEJM article states that "Gilead Sciences, Inc began accepting requests from clinicians for compassionate use of remdesivir on January 25, 2020."

From whom, from where? According to the WHO (January 30, 2020), there were 86 cases in 18 countries outside China of which 5 were in the US, 5 in France and 3 in Canada.

Several prominent physicians and scientists have cast doubt on the Compassionate Use of Remdesivir study conducted by Gilead, focusing on the small size of the trial. Ironically, the number of patients in the test is less than the number of co-authors: "53 patients" versus "56 co-authors."

Below we provide excerpts from scientific statements on the Gilead NEJM project (Science Media Centre) published immediately following the release of the NEJM article[9]:

> "**'Compassionate use' is better described as using an unlicensed therapy to treat a patient because there are no other treatments available**. Research based on this kind of use should be treated with extreme caution because there is no control group or randomisation, which are some of the hallmarks of good practice in clinical trials." (**Prof Duncan Richard**, Clinical Therapeutics, University of Oxford)

> "It is critical not to over-interpret this study. Most importantly, it is impossible to know the outcome for this relatively small group of patients had they not received remdesivir." (**Dr Stephen Griffin**, Associate Professor, School of Medicine, University of Leeds)

> "The research is interesting **but doesn't prove anything at this point:** the data are from a small and uncontrolled study." (**Simon Maxwell,** Professor of Clinical Pharmacology and Prescribing, University of Edinburgh)

> **"The data from this paper are almost uninterpretable. It is very surprising, perhaps even unethical, that the *New England Journal of Medicine* has published it.** It would be more appropriate to publish the data on the website of the pharmaceutical company that has sponsored and written up the study. **At least Gilead have been clear that this has not been done in the way that a high quality scientific paper would be written."** (**Prof Stephen Evans,** Professor of Pharmacoepidemiology, London School of Hygiene & Tropical Medicine)

> "It's very hard to draw useful conclusions from uncontrolled studies like this particularly with a new disease where we really don't know what to expect and with wide variations in outcomes between places and over time. One really has to question the ethics of failing to do randomisation – **this study really represents more than anything else, a missed opportunity."** (**Prof Adam Finn,** Professor of Paediatrics, University of Bristol)

To review the complete document of Science Media Centre pertaining to expert assessments, click here.

April 29, 2020: The National Institutes of Health (NIH) Study on Remdesivir

On April 29 following the publication of the Gilead Sciences, Inc study in the NEJM on April 10, a press release of the National Institutes of Health (NIH) on remdesivir was released. The full document was published on **May 22**, by the NEJM under the title: Remdesivir for the Treatment of COVID-19 — Preliminary Report (NEJM).

The study had been initiated on February 21, 2020. The title of the April 29 press release was:
"Peer-reviewed data shows remdesivir for COVID-19 improves time to recovery."

It's a government-sponsored report which includes preliminary data from a **randomized trial involving 1,063 hospitalized patients**. The results of the trial labelled Adaptive COVID-19 Treatment Trial (ACTT) are preliminary, conducted under the helm of Dr. Fauci's National Institute of Allergy and Infectious Diseases (NIAID):

> An independent data and safety monitoring board (DSMB) overseeing the trial met on April 27 to review data and shared their interim analysis with the study team. Based upon their review of the data, they **noted that remdesivir was better than placebo** from the perspective of the primary endpoint, time to recovery, a metric often used in influenza trials. Recovery in this study was defined as being well enough for hospital discharge or returning to normal activity level.
>
> **Preliminary results** indicate that patients who received remdesivir had a 31% faster time to recovery than those who received placebo (p<0.001). Specifically, **the median time to recovery was 11 days for patients treated with remdesivir compared with 15 days** for those who received placebo. Results also suggested a survival benefit, with a mortality rate of 8.0% for the group receiving remdesivir versus 11.6%for the placebo group (p=0.059). (emphasis added)[10]

In the NIH's earlier February 21, 2020 report (released at the outset of the study), the methodology was described as follows:

> … A randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral remdesivir in hospitalized adults diagnosed with coronavirus disease 2019 (COVID-19) …

Numbers. Where? When?

The February 21 report confirmed that the first trial participant was "an American who was repatriated after being quarantined on the Diamond Princess cruise ship" that docked in Yokohama (Japanese Territorial Waters) (see Chapter II). "Thirteen people repatriated by the US State Department from the Diamond Princess cruise ship" were selected as patients for the placebo trial test.

Ironically, at the outset of the study, 58.7% of the "confirmed cases" worldwide (542 cases out of 924) (outside China) were on the Diamond Princess Cruise Ship from which the initial trial placebo patients were selected.

Where and When: The trial test in the 68 selected sites? That came at a later date because on February 19 (WHO data), the US had recorded only 15 positive cases (see table below).

> "A total of 68 sites **ultimately joined the study**—47 in the United States and 21 in countries in Europe and Asia." (emphasis added)

In the final May 22 NEJM report entitled Remdesivir for the Treatment of COVID-19 — Preliminary Report:

> There were 60 trial sites and 13 subsites in the United States (45 sites), Denmark (8), the United Kingdom (5), Greece (4), Germany (3), Korea (2), Mexico (2), Spain (2), Japan (1), and Singapore (1). Eligible patients were randomly assigned in a 1:1 ratio to receive either remdesivir or placebo. Randomization was stratified by study site and disease severity at enrollment.[11]

The Washington Post applauded Anthony Fauci's announcement (April 29)[12]:

> "The preliminary results, disclosed at the White House by Anthony S. Fauci, … fall short of the magic bullet or cure… But with **no approved treatments for Covid-19,**[Lie] Fauci said, it will become the standard of care for hospitalized patients …

The data shows that remdesivir has a clear-cut, significant, positive effect in diminishing the time to recovery," Fauci said.

> **"The government's first rigorous clinical trial of the experimental drug** remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients was at hand.
>
> The preliminary results, disclosed at the White House by Anthony Fauci, chief of the National Institute of Allergy and Infectious Diseases, **which led the placebo-controlled trial** found that the drug accelerated the recovery of hospitalized patients but had only a marginal benefit in the rate of death.
>
> … Fauci's remarks boosted speculation that the Food and Drug Administration would seek emergency use authorization that would permit doctors to prescribe the drug.
>
> In addition to clinical trials, remdesivir has been given to more than 1,000 patients under compassionate use. [Also refers to the Gilead study published on April 10 in the NEJM]
>
> The study, involving [more than] **1,000 patients at 68 sites in the United States and around the world** [??], offers the first evidence [??] from a large [??], randomized [??] clinical study of remdesivir's effectiveness against COVID-19."

The NIH placebo test study provided "preliminary results." While the placebo trial test was "randomized", the overall selection of patients at the 68 sites was not fully randomized. See the full report.[13]

May 22, 2020: The Controversial (Retracted) Lancet Report on Hydroxychloroquine (HCQ)

It is worth noting that the full report of the NIH-NIAID entitled Remdesivir for the Treatment of COVID-19 — Preliminary Report was released on May 22, 2020 in the NEJM, on the same day as the controversial Lancet report on hydroxychloroquine.

Immediately following its publication, the media went into high gear, smearing the HCQ cure, while applauding the NIH-NIAID report on remdesivir released on that same day.

Remdesivir, the only drug cleared to treat COVID-19, sped the recovery time of patients with the disease, … "It's a very safe and effective drug," said Eric Topol, founder and director of the Scripps Research Translational Institute. "We now have a definite first efficacious drug for Covid-19, which is a major step forward and will be built upon with other drugs, [and drug] combinations."[14]

When the Lancet HCQ article by Bingham-Harvard was retracted on June 5, it was too late, it received minimal media coverage. Despite the retraction, the HCQ cure "had been killed."

June 29, 2020: Fauci Green Light. The $1.6 Billion Remdesivir Contract with Gilead Sciences, Inc

Dr. Anthony Fauci granted the "green light" to Gilead Sciences, Inc. on June 29, 2020.

The semi-official US government NIH-NIAID-sponsored report (May 22) entitled Remdesivir for the Treatment of COVID-19 — Preliminary Report (NEJM) was used to justify a major agreement with Gilead Sciences, Inc. (A final report was released on November 5, 2020)

The report was largely funded by the National Institute of Allergy and Infectious Diseases (NIAID) headed by Dr. Anthony Fauci and the National Institutes of Health (NIH).

On June 29, based on the findings of the NIH-NIAID report published in the NEJM, the Department of Health and Human Services (HHS) announced on behalf of the Trump Adminstration an agreement to secure large supplies of the remdesivir drug from Gilead Sciences, Inc. for the treatment of COVID-19 in America's private hospitals and clinics.

The earlier Gilead study based on scanty test results published in the NEJM (April 10) of 53 cases (and 56 co-authors) was not highlighted. The results of this study had been questioned by several prominent physicians and scientists.

Who will be able to afford remdesivir? 500,000 doses of remdesivir are envisaged at $3,200 per patient, namely **$1.6 billion** (see the study by Elizabeth Woodworth).[15]

The drug was also approved for marketing in the European Union under the brand name Veklury.

If this contract is implemented as planned, it represents for Gilead Sciences, Inc. and the recipient US private hospitals and clinics a colossal amount of money.

According to the Trump Administration's HHS Secretary **Alex Azar** (June 29, 2020):

> "To the extent possible, we want to ensure that **any American patient who needs remdesivir can get it**. [at $3200] The Trump Administration is doing everything in our power to learn more about life-saving therapeutics for COVID-19 and secure access to these options for the American people."

Remdesivir versus Hydroxychloroquine (HCQ)

Careful timing:

The Lancet study (published on May 22, 2020 and subsequently retracted) was intended to undermine the legitimacy of hydroxychloroquine as an effective cure to COVID-19, with a view to sustaining the $1.6 billion agreement between the HHS and Gilead Sciences, Inc. on June 29.

The legitimacy of this agreement rested on the May 22 NIH-NIAID study in the NEJM **which was considered "preliminary."**[16]

What Dr. Fauci failed to acknowledge is that chloroquine had been "studied" and tested 15 years ago by the CDC as a drug to be used against coronavirus infections. And that hydroxychloroquine has been used in the course of 2020 in the treatment of COVID-19 in several countries.

According to the (2005) Virology Journal, "**Chloroquine is a potent inhibitor of SARS coronavirus infection and spread**."[17] It was used in the SARS-1 outbreak in 2002. It had the endorsement of the CDC.

HCQ is not only effective, it is "inexpensive" when compared to remdesivir at an estimated "$3,120 for a US patient with private insurance."

Concluding Remarks

The Gilead Sciences, Inc. remdesivir study (50+ authors) was published in the New England Journal of Medicine on April 10, 2020.

It was followed by the NIH-NIAID Remdesivir for the Treatment of COVID-19 — Preliminary Report on May 22, 2020 in the NEJM. And on that same day, May 22, the report on hydroxychloroquine coordinated by BWH-Harvard Dr. Mehra was published by the Lancet (which was subsequently retracted).

Harvard Medical School and the BWH bear responsibility for having hosted and financed the Lancet report on HCQ coordinated by Dr. Mandeep Mehra.

Is there conflict of interest? BWH was simultaneously involved in a study on remdesivir in a contract with Gilead Sciences, Inc.

While the Lancet report coordinated by Harvard's Dr. Mehra was retracted, it nonetheless served the interests of Gilead Sciences, Inc.

It is important that an independent scientific and medical assessment be undertaken, respectively of the Gilead Sciences, Inc New England Journal of Medicine (NEMJ) peer-reviewed study (April 10, 2020) as well as the NIH-NIAID study also published in the NEJM (May 22, 2020).

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——————————————CHAPTER VIII——————————————

Big Pharma's COVID "Vaccine"

Our Children Are the Victims

Student at the Lycée Valabre de Luynes-Gardannem, Aix-en-Provence, 16 years old ***Sofia Benharira*** *passed away on September 21 [2021] Play this song set the lights on the Rocco, 7 days after having received the deadly Pfizer vaccine. Two Heart Attacks, Thrombosis. May She Rest in Peace.*

***

"Her daughter's 13-year-old friend who did not want to take the COVID-19 vaccine. "Her Heart Stopped. She is in Critical Care. This is happening here right now in Halifax, Nova Scotia, Because she wanted to play soccer.

She did not want to take the Vaccine. But when our Premier mandated the vaccine for children playing sport. ….

"I am disgusted with our government."

(Powerful voice of a Canadian mother)

***

"Yesterday evening, we got news from France of a young man, 22 years old who died nine hours after having being vaccinated. He wanted to travel on a holiday to Greece. "He just wanted to live said his father. … he was my only son, and he died, killed by a crap vaccine that was never validated or properly tested".

The mainstream media provided its own interpretation quoting "authoritative medical sources".

"It wasn't the vaccine which triggered ***Maxime Beltra****'s death. He died from an allergic reaction, they said: "a probable serious food allergy, according to medical sources".*

Now isn't that a piece of ***authoritative fake news****, quoting hospital officials. Today Our thoughts are with Maxime Beltra and his family."*

***

If you permit this to go ahead [vaccine], I guarantee, there will be *avoidable deaths of perfectly healthy children and severe illnesses in ten times as many. And for no possible benefit. Knowing what I know from 40 years training and practice in toxicology, biochemistry and pharmacology, to participate in this extraordinary abuse of innocent children in our care can be classified in no other way than Murder"* –**Dr. Michael Yeadon**, prominent scientist, former Vice President of Pfizer

"Three doctors from Ontario died after the hospital where they worked started administering the fourth booster shot to their staff. Is it a coincidence or are they victims of this diabolical worldwide vaccination campaign?" –**Mark Taliano**, author, Research Associate of the Centre for Research on Globalization

"This vaccine campaign will go down as the biggest scandal in medical history, … moreover, it will be known as the biggest crime ever committed on humanity." –**MP Christine Anderson**, Member of the European Parliament, July 2022

Yes, It's a killer vaccine. That message should be loud and clear. This is happening all over the world: children and adolescents are dying. Crimes against humanity, crimes against our children.

Health authorities are routinely instructed to categorize vaccine-related deaths and injuries to COVID-19: **"The vaccinated are dying of COVID." It's a boldface lie.**

Introduction

The vaccine was launched on November 9, 2020, barely six months after the March 11, 2020 lockdown. **These two interrelated policy mandates constitute the strategic pillars of the COVID crisis:**

- The lockdown was an act of economic and social warfare directed against all humanity.
- Amply documented (starting in early 2021) the mRNA COVID-19 vaccine is a poisonous substance which has resulted in a sustained upward trend in vaccine-related mortality and morbidity.

Peer-reviewed reports confirm the causes of vaccine-related deaths and injuries including, among others, blood clots, thrombosis, myocarditis and fertility.

The impacts of the vaccine are also documented by a secret Pfizer report which was released under freedom of information (see analysis below).

Video: Impact of COVID vaccinations on mortality (December 2020 – April 2021, selected countries), click here to watch.

The latest official figures at the time of writing (April 3, 2022) point to approximately:

> **69,053 COVID-19 injection-related deaths and 10,997,126 injuries for the EU, US and UK combined for a population of 830 million people.[1]**

But only a small fraction of the victims or families of the deceased will go through the tedious process of reporting vaccine-related deaths and adverse events to the national health authorities.

Moreover, the health authorities are actively involved in obfuscating the deaths and injuries resulting from the "unapproved" and "experimental" COVID-19 "vaccine".

Based on historical data (Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESPH-VAERS) p. 6):

> "Adverse events from drugs and vaccines are common, but underreported. … less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). **Likewise, fewer than 1% of vaccine adverse events are reported.** (emphasis added)[2]

These are official statistics based on a formal process of registration of deaths and injuries. The actual number of deaths and injuries triggered by the mRNA vaccine is much higher.

Multiply the figures by the relevant parameter to get the REAL numbers; we are talking about very high numbers.

The mRNA "Vaccine". Hidden Agenda?

The vaccine does not save lives nor does it contain the pandemic because there is no pandemic. It's a money-making operation for Big Pharma in the hundreds of billions of dollars.

Moreover, it's not a one-time vaccine jab. Several doses are contemplated over several years.

It is applied worldwide and enforced by powerful financial Interest. Not a single country, with the exception of Burundi, Tanzania and Haiti, had the courage to refuse the mRNA vaccine.

While there is no reliable evidence, it is worth noting that the presidents of Tanzania and Burundi died under mysterious circumstances.

Haiti was the only country in the Western hemisphere which categorically refused to implement the mRNA vaccine.

In a bitter irony, immediately following president **Jovenel Moise**'s assassination on July 7, 2021, president Joe Biden promptly sent half a million vaccine doses (and more to come, courtesy of Uncle Sam) delivered by COVAX to Port-au-Prince six days after Moise's passing.[3]

This first shipment to Haiti was part of a US Aid Program consisting of 500 million doses of the "killer vaccine" which was slated to be sent to a large number of developing countries.

Big Money for Big Pharma

The US government ordered 100 million doses of the vaccine in the immediate wake of the March 11, 2020 lockdown. The EU purchased more than 1.8 billion doses, which represents four times the population of the European Union. It's Big Money for Big Pharma, generous payoffs to corrupt politicians at the expense of taxpayers.

The objective is ultimately to make money, by vaccinating the entire planet of 7.9 billion people for SARS-CoV-2.

The COVID vaccine requires at least three doses. This is **the largest vaccine project in world history and the biggest money-making operation for Big Pharma.**

Worldwide, people are led to believe that the corona vaccine is a solution. And that "normality" will then be restored.

The mRNA Vaccine Is "Unapproved" and "Experimental"

How is it that a vaccine for the SARS-CoV-2 virus, which under normal conditions would take years to develop, was promptly launched on the 9th of November 2020?

Moreover, the vaccine announced by Pfizer, Moderna Inc, AstraZeneca and Johnson & Johnson (J&J) is based on **an experimental gene-editing mRNA technology which has a bearing on the human genome.**

Coupled with the mRNA vaccine initiative is the development of a so-called **digital passport** which is currently being imposed on entire populations (see analysis below).

And why do we need a vaccine for COVID-19 when the WHO, the US Centers for Disease Control and Prevention (CDC) as well as numerous scientists have confirmed unequivocally that **COVID-19 is "similar to seasonal influenza"**? (See analysis in Chapter III)

Four major companies including Pfizer Inc, Moderna Inc, AstraZeneca and Johnson & Johnson (J&J) are involved in marketing the experimental mRNA vaccine with the relentless support of national governments.

In the US, the "green light" to market the experimental mRNA vaccine was granted back in December 2020, despite the fact that according to the FDA, the vaccine is an **"unapproved product".**

The FDA, in an ambiguous statement, has provided a so-called Emergency Use Authorization (EUA) to the Pfizer-BioNTech vaccine, namely "**to permit the emergency use** of the **unapproved product, …** for active immunization…"[4] (See below)

EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19)

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, **Pfizer-BioNTech COVID-19 Vaccine**, for active immunization to prevent COVID-19 in individuals 16 years of age and older.

Screenshot from the FDA

There is something fishy and "contradictory" in this statement. The experimental Pfizer mRNA vaccine is both "**unapproved**" and "**permitted**".

I have checked this statement with a prominent lawyer. It is blatantly illegal to market an "unapproved product".

In the US, the Pfizer-Moderna vaccine was categorized by the CDC as an "investigational drug". "The emergency use" clause is there to justify the launching of what might be described as an "illegal drug".

There is an ongoing fear campaign but there is no "**emergency**" which justifies "**emergency use**". Why?

1. Both the WHO and the CDC have confirmed that **COVID-19 is** "similar to seasonal influenza"; it is not a killer virus.
2. The PCR test used to estimate "confirmed positive cases" is flawed. Since March 2020, the COVID-19 "numbers" have been manipulated, hiked up.
3. The overall validity of the PCR test (and estimates) as applied since January 2020 has been questioned (January 2021) by the WHO (see our analysis in Chapter III).

Pfizer Has a Criminal Record: "Fraudulent Marketing" of an "Unapproved Product"

Flashback to 2009. In a historic US Department of Justice decision in September 2009, Pfizer Inc. pleaded guilty to criminal charges.[5] It was **"the largest health care fraud settlement"** in the history of the US Department of Justice:

> American pharmaceutical giant **Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc**. … have agreed to pay $2.3 billion, the largest health care fraud settlement in the history of the Department of Justice, **to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products**, … " (September 2, 2009)[6]

JUSTICE NEWS

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE — Wednesday, September 2, 2009

Justice Department Announces Largest Health Care Fraud Settlement in Its History

Pfizer to Pay $2.3 Billion for Fraudulent Marketing

WASHINGTON – American pharmaceutical giant Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc. (hereinafter together "Pfizer") have agreed to pay $2.3 billion, the largest health care fraud settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products, the Justice Department announced today.

Screenshot from the Department of Justice

To view the C-Span video, click here.

Déjà Vu: Flash Forward to 2020-2022

How on earth can you trust a Big Pharma vaccine conglomerate which pleaded guilty to criminal charges by the US Department of Justice including **"fraudulent marketing"** and **"felony violation of the Food, Drug and Cosmetic Act"?**

I should mention, however, that in 2009, Pfizer was so to speak "put on probation" by the US Department of Justice.[7] It was obliged to enter into **"a corporate integrity agreement"** with the Inspector General of the Department of Health and Human Services (DHHS). That agreement provided for "procedures and reviews to … avoid and promptly detect" misconduct on the part of Pfizer Inc.

Johnson & Johnson and "the Opioid Epidemic"

At the height of the corona crisis, barely covered by the media, coinciding with the launch of the COVID-19 vaccine in early November 2020, **Johnson & Johnson** (and its three distributors) (involved in the marketing of **prescription opioids**) "reached a tentative multi-billion settlement with counties and cities that sued them for damages".[8] The class action lawsuit was "**the largest federal court case in American history**" (for further details, see Chapter VI pertaining to "The Impacts on Mental Health").

Are these legal antecedents relevant to an understanding of Big Pharma's vaccine initiative?

Johnson & Johnson is currently involved in the production and marketing of a COVID **adenovirus viral vector vaccine** which also entails genetic therapy (the above J&J class-action lawsuit is one among several lawsuits against J&J).

Human Guinea Pigs

In relation to the COVID vaccine, "fraudulent marketing" is an understatement. The mRNA vaccine announced by Pfizer, Moderna, Johnson & Johnson and AstraZeneca is an "unapproved drug" based on the "experimental" gene-editing mRNA technology which has a bearing on the human genome.[9]

Moreover, the standard animal lab tests using mice or ferrets were not conducted. Pfizer "went straight to human 'guinea pigs'."[10]

> "Human tests began in late July and early August [2020]. Three months is unheard of for testing a new vaccine. Several years is the norm." (F. William Engdahl, Global Research, November 2020)[11]

Dr. Michael Yeadon, former Vice President of Pfizer, has taken a firm stance:

> "All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been… in development for more than a few months."
>
> "If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent."[12]

In early December 2020, **Dr. Michael Yeadon** together with **Dr. Wolfgang Wodarg** "filed an application with the EMA", the European Medicines Agency responsible for EU-wide drug approval, for the immediate suspension of all SARS-CoV-2 vaccine studies, in particular the Pfizer-BioNtech study on BNT162b (EudraCT number 2020-002641-42).[13]

History of the SARS-CoV-2 Vaccine Project

There are many contradictions. The analysis below addresses the earlier stages of the vaccine project as well as the role of the **201 simulation of a coronavirus pandemic** under the auspices of the Johns Hopkins School of Medicine held in New York on October 18, 2019 (see Chapter I).

The COVID vaccine is a multi-billion dollar Big Pharma operation which will contribute to increasing the public debt of more than 150 national governments.

Supported by the fear campaign, money — rather than public health — is the driving force behind this initiative.

The GSK-Pfizer Partnership

Five months before the onset of the COVID-19 crisis, two of the largest worldwide Pharma conglomerates decided to join hands in a strategic relationship. In August 2019, GSK confirmed the formation of a major partnership with Pfizer entitled the Consumer Health Joint Venture.[14]

While the relationship is said to be limited to "trusted consumer health brands", the agreement envisaged joint financial procedures including joint multi-billion dollar investment projects. While it does not constitute a merger, the GSK-Pfizer alliance implies selective integration and de facto collusion in many of the two companies' activities including the vaccine market.

> "**The completion of the joint venture with Pfizer marks the beginning of the next phase of our transformation of GSK.** This is an important moment for the Group, laying the foundation for two great companies, **one in Pharmaceuticals and Vaccines and one in Consumer Health."** (GSK, August 1, 2019, emphasis added)[15]

This GSK-Pfizer relationship also encompasses a network of partner pharmaceutical companies, research labs, virology institutes, military and biotech entities, etc. many of which are currently involved in the COVID vaccine initiative.

At present, a handful of multi-national companies including GSK and Pfizer control 80% of the global vaccine market. Under the agreement between the two companies, GSK-Pfizer is slated to play a dominant and coordinated role in regards to the COVID-19 vaccine.

The October 2019 Coronavirus Event 201 Simulation Exercise. Development of an "Effective Vaccine"

The coronavirus was initially named nCoV-19 by CEPI and the WHO — exactly the same name as that adopted in the WEF-Gates-Johns Hopkins **Event 201** (**2019-nCov**) pertaining to a coronavirus simulation exercise held in mid-October 2019. It was only later that **COVID-19** was identified by the WHO not as a virus but as a disease: **coronavirus disease** (COVID-19), the virus was identified as "severe acute respiratory syndrome" coronavirus 2 (**SARS-CoV-2**).

The Event 201 Johns Hopkins simulation (examined in Chapter I) **addressed the development of an effective vaccine** in response to millions of cases in the October 2019 simulation of an outbreak of a novel coronavirus entitled **2019-nCoV.** The simulation announced a scenario in which the entire population of the planet would be affected:

> "We ran a massive viral pandemic simulation.., 65 million deaths worldwide."
>
> "During the initial months of the pandemic, the cumulative number of cases [in the simulation] increases exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe."
>
> The scenario ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. **The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed.** From that point on, it is likely to be an endemic childhood disease.[16]

To watch the World Economic Forum video, The 201 Johns Hopkins Simulation, click here.

The Central Role of the Coalition for Epidemic Preparedness Innovations (CEPI)

The lead entity for the novel coronavirus vaccine initiative is the **Coalition for Epidemic Preparedness Innovations (CEPI)**, an organization sponsored and financed by the World Economic Forum (WEF) and the Bill and Melinda Gates Foundation.

Two weeks after the virus had been formally identified by the People's Republic of China (Jan 7, 2020), a vaccine for the novel coronavirus was announced by CEPI at the Davos World Economic Forum on January 20-24, 2020.

Note the chronology: The development of the **2019-nCoV vaccine** was announced at the Davos World Economic Forum (WEF) a week prior to the official launching by the WHO of a Worldwide Public Health Emergency (January 30, 2020) **at a time when the number of "confirmed cases" worldwide (outside China) was 83** (see Chapter II).

The pandemic was launched by the WHO on March 11, 2020. And five days later, barely covered by the media, the first tests involving human volunteers were conducted by Moderna in Seattle on March 16, 2020.

The evidence suggests that the vaccine project was initiated at a much earlier stage. According to Richard Hatchett, CEO of the Coalition for Epidemic Preparedness Innovations (CEPI), the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7, 2020) but several months prior to the October 2019 simulation exercise (see interview with Richard Hatchett below).[17]

CEPI, on behalf of the Gates Foundation and the WEF, was seeking a "monopoly" role in the vaccination business the objective of which was a "global vaccine project", in partnership with a large number of "candidates".

The CEO **Stéphane Bancel** of Moderna Inc. described the features of the mRNA vaccine at a World Economic Forum press conference in Davos (January 2020). "We inject instructions … mRNA is a platform." He confirmed that research was already well underway in collaboration with the NIS and CEPI. Click here to view the video.

On January 31, 2020, the day following the WHO's official launching of the global public health emergency (PHEIC) and Trump's decision to curtail air travel with China, CEPI announced its partnership with **CureVac AG**, a German-based biopharmaceutical company.

A few days later, in early February 2020, CEPI "announced that major vaccine manufacturer **GSK** would allow its proprietary adjuvants — compounds that boost the effectiveness of vaccines — to be used in the response" (the pandemic was officially launched on March 11, 2020).[18]

There were many "potential vaccines in the pipeline" with "dozens of research groups around the world racing to create a vaccine against COVID-19".

Image: Moderna CEO Stephane Bancel (Licensed under GFDL, free to use)

The COVID-19 Global Vaccination Program

CEPI (on behalf of Gates-WEF, which funded the 201 simulation exercise) played a key role in a large-scale worldwide vaccination program in partnership with biotech companies, Big Pharma, government agencies as well as university laboratories.

Screenshot from CEPI's Twitter

The foregoing statement by CEPI was made nearly two months prior to the official declaration of a pandemic on March 11, 2020. The number of confirmed cases outside China on January 30, 2020 was 83.

> "We're having conversations with a broad array of potential partners". And critical to those conversations is: What's the plan to make very large quantities of vaccine within a time frame that is potentially relevant to **what people seem to be increasingly certain will be a pandemic, if it isn't already there?** …" [**Richard Hatchett,** CEPI CEO in an interview with stat.news.com] (emphasis added)[19]

Prior Knowledge of the COVID Pandemic. The mRNA Vaccine Was Already in the Pipeline

Of significance, Hatchett confirmed that the **project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7, 2020) but several months prior to the October 2019 201 simulation exercise.**

> **"We did that in the last year or so** [early 2019]… We are using the information that we have collected and have that team now thinking about opportunities for scaling vaccines of various different types. That is a work in progress. For some of the technologies the tech transfer [to a manufacturer] may be something that could be done in a time frame that was pertinent to the epidemic, potentially.
>
> I think it is going to be really important to engage those folks who have access to really substantial production capacity. **And having the big producers at the table** — because of their depth, because of their experience, because of their internal resources — would be very, very important.
>
> The candidate vaccines will be very, very quick. **Dr. Anthony Fauci,** director of NIAID [who has been spreading panic on network TV], is out in public as saying **he thinks the clinical trial for the Moderna vaccine may be as early as the spring [2020]**. (emphasis added)[20]

Did CEPI Director **Richard Hatchett**, **Dr. Anthony Fauci** who heads NIAID, and Moderna's CEO **Stéphane Bencel** have "prior knowledge" of the outbreak of the COVID-19 pandemic?

Hatchett's statements suggest that **they had already been working on an mRNA vaccine in early 2019.** Moreover, on **December 12, 2019**, two weeks prior to the official confirmation of the existence of a so-called "novel coronavirus" by the Chinese health authorities, Moderna Inc. together with the National Institute of Allergy and Infectious Diseases (NIAID) had already **"sent mRNA coronavirus vaccine candidates"** to a lab investigator at the University of North Carolina, Chapel Hill (see Joseph Mercola, July 10, 2021).[21]

The CEPI-sponsored vaccine conglomerates had already planned their investments well in advance of the global worldwide health emergency (declared by the WHO on January 30, 2020).

Moderna announced on February 24, 2020 the development of "an experimental (messenger) mRNA COVID-19 vaccine, known as **mRNA-1273**". "The initial batch of the vaccine has already been shipped to US government researchers from the National Institute of Allergy and Infectious Diseases (NIAID)" headed by **Dr. Antony Fauci**.

In the words of Fauci:

> "Finding a safe and effective vaccine to prevent infection with SARS-CoV-2 is an urgent public health priority…This Phase 1 study, launched in record speed, is an important first step toward achieving that goal."[22]

Below are excerpts from the statement by Moderna which indicates "foreknowledge" as well as its collaboration with Anthony Fauci's NIAID as early as January 13, 2020:[23]

> Moderna's Work on a Potential Vaccine Against COVID-19
>
> Moderna is proud to be among the many groups working to respond to this continuing global health emergency. This page summarizes key milestones in our work to advance our vaccine candidate (mRNA-1273) and responds to frequently asked questions.
>
> Timeline of our response through March 16, 2020
>
> On January 11, 2020, the Chinese authorities shared the genetic sequence of the novel coronavirus.
>
> On January 13, 2020, the U.S. National Institutes of Health (NIH) and Moderna's infectious disease research team finalized the sequence for mRNA-1273, the Company's vaccine against the novel

coronavirus. At that time, the **National Institute of Allergy and Infectious Diseases (NIAID)**, part of NIH, disclosed their intent to run a Phase 1 study using the mRNA-1273 vaccine in response to the coronavirus threat and Moderna mobilized toward clinical manufacture. Manufacture of this batch was funded by the Coalition for Epidemic Preparedness Innovations (CEPI).

On February 7, 2020, the first clinical batch, including fill and finishing of vials, was completed, a total of 25 days from sequence selection to vaccine manufacture. The batch then proceeded to analytical testing for release.

On February 24, 2020, the clinical batch was shipped from Moderna to the NIH for use in their Phase 1 clinical study.

On March 4, 2020, the U.S. Food and Drug Administration (FDA) completed its review of the Investigational New Drug (IND) application filed by the NIH for mRNA-1273 and allowed the study to proceed to begin clinical trials.

On March 16, 2020, the NIH announced that the first participant in its Phase 1 study for mRNA-1273 was dosed, a total of 63 days from sequence selection to first human dosing.

While Moderna Inc. initially stated that the first clinical trials would commence in late April (2020), **tests involving human volunteers started in mid-March** 2020 in Seattle (bear in mind the pandemic was officially launched on March 11, 2020).[24]

Researchers in Seattle gave the first shot to the first person in a test of an experimental coronavirus vaccine Monday — leading off a worldwide hunt for protection even as the pandemic surges. …

Some of the study's carefully chosen healthy volunteers, ages 18 to 55, will get higher dosages than others to test how strong the inoculations should be. Scientists will check for any side effects and draw blood samples to test if the vaccine is revving up the immune system, looking for encouraging clues like the NIH earlier found in vaccinated mice.

"We don't know whether this vaccine will induce an immune response, or whether it will be safe. That's why we're doing a trial," Jackson stressed. "It's not at the stage where it would be possible or prudent to give it to the general population." (FOX news local)[25]

The COVID Vaccine and the ID2020 Digital Identity Platform

While CEPI had announced the launching of a global vaccine at the Davos World Economic Forum, another important and related endeavor was underway. It's called the **ID2020 Agenda** which, according to Peter Koenig, constitutes "**an electronic ID program that uses generalized vaccination as a platform for digital identity**":

"The ID2020 Agenda harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent **biometrically-linked digital identity**." (Peter Koenig, March 12, 2020)[26]

The founding partners of ID2020 are **Microsoft, the Rockefeller Foundation** and the **Global Alliance for Vaccines and Immunization (GAVI)** (an initiative of the Gates Foundation).

GAVI and its partners (WHO, UNICEF, World Bank, and the IMF) have been actively involved in the implementation (financing) of the global vaccine project entitled COVAX.

The key entities involved in coordinating COVAX are the Vaccine Alliance (GAVI), the Coalition for Epidemic Preparedness Innovations (CEPI) and the World Health Organization (WHO). All three entities receive financial support from the Bill and Melinda Gates Foundation.

Screenshot from WHO

It is worth noting that the **ID2020 Alliance** held their summit in New York, entitled **"Rising to the Good ID Challenge"**, **on September 19, 2019, exactly one month prior to the nCov-2019 simulation exercise entitled Event 201** at Johns Hopkins in New York:

> Is it just a coincidence that ID2020 is being rolled out at the onset of what the WHO calls a Pandemic? – Or is a pandemic needed to 'roll out' the multiple devastating programs of ID2020? (Peter Koenig, March 2020)[27]

ID2020 is part of a "world governance" project which, if applied, would roll out the contours of what some analysts have described as a **global police state encompassing through vaccination (embedded microchip) the personal details of several billion people worldwide.**

According to Dr. David Martin (quoted by Makia Freeman):

> "**This is not a vaccine … using the term vaccine to sneak this thing under public health exemptions** … This is a mRNA packaged in a fat envelope that is delivered to a cell. **It is a medical device designed to stimulate the human cell into becoming a pathogen creator. It is not a vaccine! Vaccines actually are a legally defined term** … under public health law … under CDC and FDA standards, and a vaccine specifically has to stimulate both an immunity within the person receiving it, but it also has to disrupt transmission."[28]

Hidden COVID-19 Vaccine Injuries: The Microscopic Blood Clots

Many people who are vaccinated will not be immediately aware of the injuries incurred. The latter in many cases of "adverse events" are not discernible nor are they recorded. While "big blood clots"

resulting from the vaccine are revealed and reported by those vaccinated, an important study by Canada's Dr. Charles Hoffe suggests that the mRNA vaccine generates "microscopic blood clots".

> "The blood clots we hear about which the media claim are very rare are the big blood clots which are the ones that cause strokes and show up on CT scans, MRI, etc.
>
> The clots I'm talking about are microscopic and too small to find on any scan. They can thus only be detected using the **D-dimer test."**
>
> "These people have no idea they are even having these microscopic blood clots. The most alarming part of this is that there are some parts of the body like the brain, spinal cord, heart and lungs which cannot re-generate. When those tissues are damaged by blood clots they are permanently damaged.
>
> "These shots are causing huge damage and the worst is yet to come."[29]

Click here to watch his interview with Laura Lynn Tylor Thompson (also available on Rumble channel).

Screenshot from the video

Do We Know What's Inside the Pfizer Vaccine Vial?

The causes of vaccine-related deaths and injuries have not been addressed by the health authorities.

What is inside the vaccine vial? National health authorities have not made public the results of their lab exams. It is unclear as to whether those lab exams of the vaccine vials have been conducted.

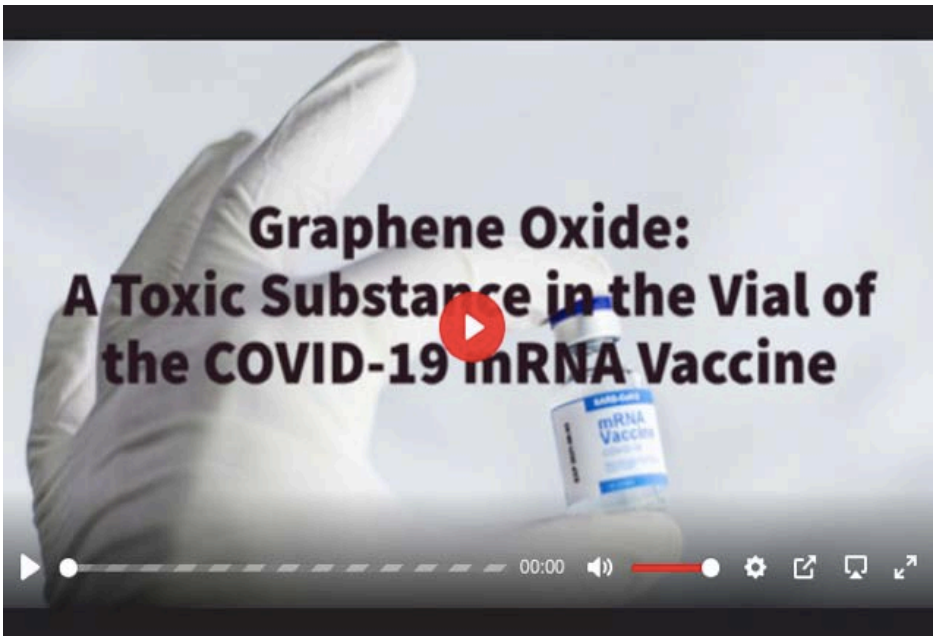
Below is a review of the analysis and laboratory research conducted by the independent La Quinta Columna Spanish team.

Graphene Oxide Nano-particles

According to lab exams conducted by the Spanish La Quinta Columna research team, **graphene oxide nano-particles** have been detected in the vial of the Pfizer mRNA vaccine.[30]

The preliminary results of their research (analysis by electron microscopy and spectroscopy) are far-reaching. Graphene oxide is a toxin which triggers thrombi and blood coagulation. It also has an impact on the immune system. Graphene oxide accumulated in the lungs can have devastating impacts.

Click here to watch the interview with Ricardo Delgado Martin of La Quinta Columna.



Screenshot from the video / Copyright Global Research

The results of the Spanish study, **yet to be fully confirmed and ascertained**, suggest that the recorded vaccine-related deaths and "adverse events" could be the result of graphene oxide nano-particles contained in the COVID vaccine vial.

Similarly, we call upon the national health authorities of the 193 member states of the UN which are currently vaccinating their people to conduct their own study and analysis of the vaccine vial. And if graphene oxide is detected, the vaccination program should immediately be discontinued.

See summary of their report entitled **"Graphene Oxide Detection in Aqueous Suspension, Observational study in Optical and Electron Microscopy"**. Read the full study (English).[31]

Also of significance (acknowledged by national health authorities), graphene oxide nano-particles are also contained in face masks.[32]

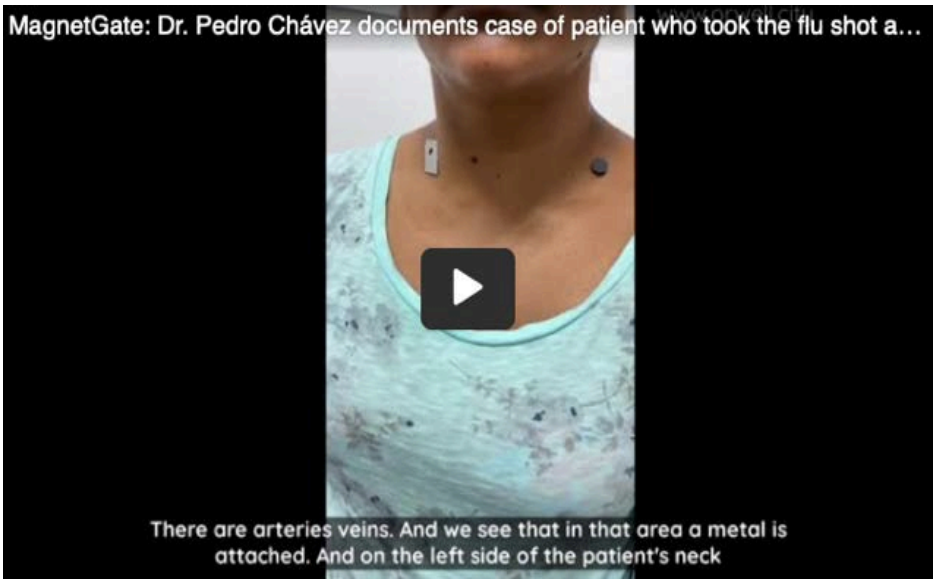
The Electromagnetic Properties of the mRNA Vaccine

What is triggering the electromagnetic effects which have been detected in people who have been vaccinated?

These effects have been amply documented and confirmed by independent sources including those vaccinated. The national health authorities have failed to provide an explanation.

See the study conducted by the European Forum for Vaccine Vigilance.[33]

Below are two videos produced by the Spanish Research team at La Quinta Columna. To watch the video below, click here.



Screenshot from the video

To watch the video below, click here.

Screenshot from the video

Big Pharma. Pfizer's Near Global Monopoly

Hundreds of billions of dollars are at stake. **This is the largest and most dangerous and expensive vaccine project in world history which is slated to be financed by tax dollars worldwide**, putting an obvious strain on the public debt of numerous countries.

The vaccine program is accompanied by a "timeline" consisting of recurrent mRNA inoculations over

several years. As documented above, it will have devastating impacts on mortality and morbidity worldwide.

What is at stake is a multi-billion dollar Big Money operation for Big Pharma with Pfizer in the lead.

Pfizer-BioNTech (allied with Moderna Inc.) is in the process of consolidating its worldwide (near monopoly) position by pushing out its major competitors including AstraZeneca and Johnson & Johnson (J&J).

Pfizer has been pressuring politicians to endorse their mRNA vaccine. Its political lobbying is also directed against its Big Pharma competitors. According to The Bureau of Investigative Journalism report:

> One official who was present in the unnamed country's negotiations described Pfizer's demands as "high-level bullying" and said the government felt like it was being "held to ransom" in order to access life-saving vaccines.[34]

Ironically, in the EU, the reported deaths and injuries were used by the European Commission to cancel the renewal of the contract with AstraZeneca, despite the fact that there were substantially more deaths and injuries associated with the Pfizer-BioNTech vaccine.

In April 2021, the EU Commission confirmed that it would "end AstraZeneca and J&J vaccine contracts at expiry". "The Pfizer shot will take precedence". Never mind your followup dose with AstraZeneca, the health authorities have instructed people to get their second or third jab with Pfizer or Moderna (thereby visibly violating medical norms).

Having sidelined its competitors, Pfizer-BioNTech has jacked up the price of the vaccine vial. Pfizer has literally cornered both the EU and US markets.

A near global vaccine monopoly is in the making by **a company which has a criminal record with the US Department of Justice.**

The Secret Pfizer Report

The confidential Pfizer Report released as part of a freedom of information (FOI) procedure provides data on deaths and adverse events recorded by Pfizer from the outset of the vaccine project in December 2020 to the end of February 2021, namely **a very short period (at most two and a half months).**

> "By February of 2021, Pfizer had already received more than 1,200 reports of deaths allegedly caused by the vaccine and tens of thousands of reported adverse events, including 23 cases of spontaneous abortions out of 270 pregnancies and more than 2,000 reports of cardiac disorders."[35]

The Pfizer BioNTech vaccine was launched in the US on the 14th of December after the granting of Emergency Use Authorization on December 11, 2020.

> **Report Prepared by: Worldwide Safety Pfizer**
>
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to in writing, by accepting or reviewing these materials, you agree to hold such information in confidence and not to disclose it to others (except where required by applicable law), nor to use it for unauthorized purposes."[36]

In a twisted irony, the data revealed in this "insider report" refutes the official vaccine narrative peddled by the governments and the WHO. It also confirms the analysis of numerous medical doctors and scientists who have revealed the devastating consequences of the mRNA "vaccine".

What is contained in Pfizer's "confidential" report is detailed evidence on the impacts of the "vaccine" on mortality and morbidity. This data which emanates from the "horse's mouth" **can now be used to confront as well as formulate legal procedures against Big Pharma, the governments, the WHO and the media.**

In a court of law, the evidence contained in this Big Pharma confidential report (coupled with the data on deaths and adverse events compiled by the national authorities in the EU, UK and US) is **irrefutable**: because it is their data and their estimates and not ours.

Bear in mind: its data is based on reported and recorded cases, which constitute a small percentage of the actual number of vaccine-related deaths and adverse events.

This is a de facto **mea culpa on the part of Pfizer (Yes, it is a killer vaccine).**

Pfizer was fully aware that the mRNA vaccine which it is marketing worldwide would result in a wave of mortality and morbidity. This is tantamount to a **crime against humanity on the part of Big Pharma.**

Illustration by Global Research

Pfizer knew from the outset that it was a killer vaccine.[37]

It is also a **mea culpa and treason on the part of corrupt national governments worldwide** which are being threatened and bribed by Big Pharma.

At the time of writing, no attempt has been made by the governments to call for the withdrawal of the killer vaccine.

People are told that the vaccine is intended to save lives.

"Killing is good for business": It is a multi-billion dollar operation worldwide. And Pfizer already has a criminal record (2009) with the US Department of Justice on charges of "fraudulent marketing".

Concluding Remarks: The Vaccine Passport

The data from official sources as well as those quoted in the Pfizer report confirm unequivocally that the COVID-19 "vaccine" has resulted in an upward trend in vaccine-related mortality and morbidity.

The studies of Dr. Charles Hoffe, the Spanish research team (La Quinta Columna), the confidential Pfizer Report as well as numerous other studies unequivocally confirm that the mRNA "vaccine" is a "**killer vaccine**".

So why are governments pressuring people to get vaccinated?

Heads of state and heads of government worldwide are being pressured, bribed, co-opted and/or threatened by powerful financial interests into accepting the COVID vaccine consensus.

The vaccine passport is the endgame, which constitutes a transition towards digital tyranny and depopulation (see Chapters XIII and XIV).

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CHAPTER IX

The 2009 H1N1 Swine Flu Pandemic.

Was It a Dress Rehearsal?

Introduction

Remember **the 2009 H1N1 "pandemic"** when Obama's Council of Advisors on Science and Technology compared the H1N1 pandemic to the 1918 Spanish flu pandemic while reassuring the public that the latter was more deadly. (CBC: Get swine flu vaccine ready: U.S. advisers). For further details, see Michel Chossudovsky, August 2009 Study on H1N1 Pandemic.[1]

Based on incomplete and scanty data, the **WHO Director-General Margaret Chan** predicted with authority that "**as many as 2 billion people could become infected over the next two years — nearly one-third of the world population.**" (World Health Organization as reported by the Western media, July 2009)

A worldwide public health emergency was unfolding on an unprecedented scale. **4.9 billion doses of H1N1 swine flu vaccine** envisaged by the World Health Organization (WHO).

A report by President Obama's Council of Advisors on Science and Technology "considered the H1N1 pandemic 'a serious health threat' to the U.S. — not as serious as the 1918 Spanish flu pandemic but worse than the swine flu outbreak of 1976."

> "It's not that the new H1N1 pandemic strain is more deadly than previous flu threats, but that it is likely to infect more people than usual because so few people have immunity." (Get swine flu vaccine ready: U.S. advisers)

It was a multi-billion bonanza for Big Pharma supported by the WHO's **Director-General Margaret Chan**.

In a subsequent statement, Dr. Chan confirmed that:

> "**Vaccine makers could produce 4.9 billion pandemic flu shots per year** in the best-case scenario", Margaret Chan, Director-General, World Health Organization (WHO), quoted by Reuters, 21 July 2009).[2]
>
> "**Swine flu could strike up to 40 percent of Americans over the next two years** and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (Official Statement of Obama Administration, MSNBC News, 24 July 2009).[3]

Image: Margaret Chan, Director-General, World Health Organization (WHO), Geneva, is captured during the session 'Raising Healthy Children' at the Annual Meeting 2011 of the World Economic Forum in Davos, Switzerland, January 28, 2011. (Copyright World Economic Forum swiss-image.ch/Photo by Remy Steinegger / Licensed under CC BY-SA 2.0)

Déjà Vu: Neil Ferguson

At the very outset of the H1N1 crisis in April 2009, **Professor Neil Ferguson** of Imperial College, London was advising Bill Gates and the WHO:

> "'**We might expect up to 30 per cent — 40 per cent of the population to become ill in the next six months** if this truly turns into a pandemic,'" said Professor Neil Ferguson, a member of the World Health Organisation (WHO) taskforce which decided to raise its alert over the virus to level four."[4] (emphasis added)

That was the same Neil Ferguson (generously supported by the Gates Foundation) who designed the coronavirus lockdown model (launched on March 11, 2020). As we recall, that **March 2020 mathematical model** was based on "predictions" of 600,000 deaths in the UK.

There was no H1N1 pandemic affecting two billion people.

Millions of doses of swine flu vaccine had been ordered by national governments from Big Pharma.

Millions of vaccine doses were subsequently destroyed — a financial bonanza for Big Pharma, an expenditure crisis for national governments.

There was no investigation into who was behind this multi-billion dollar fraud. Several critics said that the H1N1 pandemic was "fake".

> The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is publicly investigating the WHO's motives in declaring a pandemic. Indeed, the chairman of its influential health committee, epidemiologist **Wolfgang Wodarg,** has declared that **the "false pandemic" is "one of the greatest medicine scandals of the century."**
>
> Even within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, **Dr. Ulrich Kiel, has essentially labeled the pandemic a hoax. "We are witnessing a gigantic misallocation of resources [$18 billion so far] in terms of public health," he said.**
>
> They're right. This wasn't merely overcautiousness or simple misjudgment. The pandemic declaration and all the Klaxon-ringing since reflect sheer **dishonesty motivated not by medical concerns but political ones**.
>
> Unquestionably, swine flu has proved to be vastly milder than ordinary seasonal flu. It kills at a third to a tenth the rate, according to US Centers for Disease Control and Prevention estimates. Data from other countries like France and Japan indicate it's far tamer than that.
>
> (Michael Fomento, **Forbes**, February 10, 2010)[5]

H1N1 2009 Vaccine Causes Brain Damage to Children[6]

NIAID Director Anthony Fauci had endorsed the 2009 H1N1 vaccine on behalf of Big Pharma:

> "**About 60 million people, most of them children, received the vaccine**… It was subsequently revealed that the vaccine, **GSK's PandemrixTD, can cause narcolepsy and cataplexy** … **Narcolepsy affects a person's sleeping cycle**, leaving them unable to sleep for more than 90 minutes at a time, and causing them to fall unconscious during the day. The condition damages mental function and memory, and can lead to hallucinations and mental illness" (International Business Times, 03 February 2014)

GSK in Canada

GSK's ArepanrixTD (broadly similar to PanbremixTD with a different name) was applied in Canada (see here).[7]

The WHO's H1N1 pandemic was declared on June 11, 2009. GSK was on contract with the Canadian government. The GSK's ArepandrixTM vaccine was delivered to Canadian health authorities **within less than four months**.

GSK President Paul Lucas who was invited by Canada's Senate boasted that "45% of Canadians had **received protection from the H1N1 virus** by being vaccinated with **GSK's ArepanrixTM**" (Canada's Senate Standing Committee on Social Affairs, Science and Technology, October 9, 2009).[8]

There was no protection. Many people in Canada fell sick after receiving the H1N1 **ArepanrixTD** vaccine. In the UK and the EU, the victims of the GSK vaccine were duly compensated. It was a "similar" vaccine with a different name (PambremixTD):

> **[British] Patients who suffered brain damage** as a result of taking a swine flu vaccine **are to receive multi-million-pound payouts** from the UK government.
>
> **The government is expected to receive a bill of approximately £60 million, with each of the 60 victims expected to receive about £1 million each.** (International Business Times, emphasis added)[9]

In a bitter irony, it was the UK government (rather than GSK) that paid for the vaccine-induced brain damages in children.

Despite ample evidence, in Canada, no compensation was paid.

In Memory of a Little Girl Named Amina Abudu

GSK's Vaccine killed a little girl named Amina Abudu:

> A vaccine was rushed to market, and the five year old was among millions of Canadians to get the shot, … Five days later, **Amina's older brother found her lying unconscious in the bathroom of the family's east-end Toronto home. She was dead.**
>
> The parents' lawyer, **Jasmine Ghosn**, alleged the preventive drug was brought out quickly and without proper testing during a chaotic flu season, as the federal government exerted "intense pressure" on Canadians to get immunized. (National Post, November 2019)[10]

The parents of five-year-old Amina Abudu blame her 2009 death on a flu shot. *Peter J. Thompson/National Post*

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On record, GSK acknowledged that the **ArepanrixTD applied in Canada was "similar" to GSK's PandemrixTM** applied in the UK and the EU, which led to brain damage in children.

PandemrixTD (2009) causes narcolepsy, which is categorized as "a chronic neurological disorder that affects the brain's ability to control sleep-wake cycles." While PandemrixTM was subsequently withdrawn, ArepanrixTD (which is similar or identical to PandremrixTM) applied in Canada prevailed.

All the evidence was casually dispelled. An 11-year lawsuit against GSK was initiated by Amina's parents in the Ontario Superior Court and then in the Court of Appeal.

I spoke to Amina's father **Adam Abudu** who provided me with a number of legal documents as well as the texts of the judgment.

Below is the concluding statement of the Ontario Superior Court in December 2019 (emphasis added):

> No matter how much I may sympathize with the grief Ms. Hyacenth and Mr. Adam have been forced to live with because of the loss of their daughter, **the evidence does not support any finding of a breach of the standard of care by GSK or any finding that the death was caused or contributed to by the Arepanrix vaccine**.
>
> The pain of the loss of a child may dissipate but does not disappear. I sincerely hope that the effort and energy Ms. Hyacenth and Mr. Adam have **put into finding a cause for Amina's death** will help dissipate their pain. I hope that the knowledge that Amina's passing has not gone unnoticed by GSK, public health authorities or the courts gives them some comfort.
>
> Understandably they have fought long and hard for answer to a question that would overwhelm any parent in these circumstances: Why did my child die? I deeply regret having to answer the question by saying that, after 10 years of investigation, **we do not know. The state of scientific and medical knowledge remains limited and imperfect. A court must, however, base its decisions on the evidence before it. That evidence does not establish on a balance of probabilities that Arepanrix caused or contributed to Amina's very unfortunate death.** As a result, I must dismiss the plaintiffs' action.
>
> Ontario Superior Court, **J Koehnen**, December 10, 2019

"Frivolous Justice"

Note the hideous tone of the above statement by "trial judge" Markus Koehnen, a former litigation partner with McMillan LLP, a major corporate Toronto law firm:

> "I sincerely hope effort and energy Ms. Hyacenth and Mr. Adam have put into finding a cause for Amina's death will help dissipate their pain."

That is what you call "Frivolous Justice".

The above **judgment** (which failed to acknowledge and analyze methodically the evidence) was then submitted to the Court of Appeal in December 2020 (more than 11 years after Amina's passing in 2009) and then to Canada's Supreme Court which refused to hear the case.

Amina Abudu's passing — Her legacy will live:

For the millions of children worldwide whose lives are currently threatened by Big Pharma's COVID mRNA "vaccine".

The underlying **criminality largely directed against children** goes back to the WHO's Director-General Margaret Chan's landmark decision to declare an H1N1 pandemic, based on "fake science". There was no pandemic, and SEVERAL billion doses of **a dangerous and "fake vaccine"** were distributed. Was this deliberate?

"Nevermind the kids"… that's "collateral damage" for Big Pharma which made billions of dollars selling the H1N1 vaccine.

Confirmed by the **British Medical Journal**: "The World Health Organization's handling of the swine flu pandemic was **deeply marred by secrecy and conflict of interest with drug companies**":

> "The BMJ found that **WHO guidelines on the use of antiviral drugs were prepared by experts who had received consulting fees from the top two manufacturers of these drugs, Roche and GlaxoSmithKline, or GSK**.
>
> The report also reveals that **at least one expert on the secret, 16-member "emergency committee" formed last year to advise the WHO on whether and when to declare a pandemic received payment during 2009 from GSK**.
>
> Announcing that swine flu had become a **global pandemic automatically triggered latent contracts for vaccine manufacture with half-a-dozen major pharmaceutical companies, including GSK**. The WHO has refused to identify committee members, arguing that they must be shielded from industry pressure. "The WHO's credibility has been badly damaged," BMJ editor Fiona Godlee said in an editorial." (AFP, June 4, 2010, emphasis added)

Was the 2009 H1N1 Pandemic a "Dress Rehearsal"?

The same powerful financial actors including Big Pharma and the billionaire philanthropists including the Gates Foundation were behind the H1N1 scam.

What were the lessons learned "for them"?

- The pandemic was fake and the dangers of the H1N1 vaccine were revealed in court cases in the UK and the EU.
- In contrast to today's ongoing COVID Crisis, the fraud was revealed because segments of the mainstream media reported on H1N1 and informed the public.
- There was no cohesive propaganda apparatus coupled with online censorship.
- There was no organized fear campaign.
- There were divisions within the WHO.
- Scientists and medical doctors were not unduly pressured to endorse the WHO decision.

Dr. Wolfgang Wodarg, who revealed the fraud behind H1N1 and brought it to the attention of the European Parliament, is now actively involved together with **Dr. Michael Yeadon** in the campaign against the COVID-19 vaccine.

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——————————CHAPTER X——————————

Categorizing The Protest Movement as "Anti-Social Psychopaths"

"The tools of psychology are dangerous in the hands of the wrong men. Modern educational methods can be applied in therapy to streamline man's brain and change his opinions so that his thinking conforms with certain ideological systems." — **Joost A. M. Meerloo**, The Rape Of The Mind, 1956.

"Coercive psychological systems are behavioral change programs which use psychological force in a coercive way to cause the learning and adoption of an ideology or designated set of beliefs, ideas, attitudes, or behaviors." – The Late **Dr. Margaret Singer**

"The intense pressure to conform is an attempt to cement a community of believers. Strict rules of belonging are imposed, and those who disagree are excluded. This community has invented its own rite of passage: a form of baptism, of purification in the name of salvation, with "the vaccine" worshipped as the saviour." -**Prof. Maximilian Forte**, July 2022

Introduction

The imposition of the MRNA vaccine has relied on **coercive persuasion** and **brainwashing tactics**, coupled with media propaganda and the fear campaign. The objective of national governments is to ensure "Acceptance". **Dr. Margaret Singer** quoted above, refers to "**coercive influence, anxiety and stress-producing tactics over continuous periods of time".**

From the very outset of the pandemic, a diabolical process was undertaken which consisted in "identifying" and "categorizing" all those who are opposed to the governments' management of the coronavirus pandemic including the lockdowns and the vaccine mandate.

According to so-called "peer-reviewed psychological studies" (commissioned by corporate foundations on behalf of the Globalist elites) the opponents of the covid consensus have been categorized as "anti-social psychopaths".

The unvaccinated have been prevented from travelling, fired from their jobs, prevented from attending schools and universities. They are categorized and accused (according to "scientific opinion) of being extremists and psychopaths.

What has unfolded is **a social divide between the vaccinated and the unvaccinated**.

These social divisions are creating conflicts within families and local communities, literally contributing to the disruption of social life, with devastating impacts on economic activity.

Supported by media propaganda, the campaign is proceeding unabated. Those who refuse to get the killer "vaccine" are categorized as "anti-social psychopaths".

What prevails is a "divide and rule" scenario which is being enforced simultaneously in numerous countries.

This chapter reviews several psychological studies undertaken with a view to undermining the protest movement against the COVID-19 mandates and the vaccine.

“Scientific Studies”: Categorizing COVID Opponents as “Anti-social Psychopaths”

What is the nature and thrust of these “scientific studies”?

Protest against the “official truth”, criticize government mandates, express reservations regarding the lockdown, social distancing, the wearing of face mask, the vaccine, etc. and you will be tagged (according to “scientific opinion”) as a “**callous and deceitful psychopath**”.

Accept the “official narrative” and vaccine mandate you are tagged as a “good person” with “empathy” who understands the feelings of others.

A so-called peer-reviewed “empirical report” describes those who refuse to wear the face mask or abide by social distancing as having “**anti-social personality disorders**”.

Those who “do not adhere to measures to prevent the spread of COVID-19” are tagged as “**anti-social**”.

The findings of the Brazilian study involving a “sample” of 1,578 adults was published in the journal Personality and Individual Differences under the title **COVID-19 pandemic over time: Do antisocial traits matter?**[1]

Compliance with containment measures to the COVID-19 pandemic over time: Do antisocial traits matter?

Fabiano Koich Miguel [a] ✉, Gisele Magarotto Machado [b], Giselle Pianowski [b], Lucas de Francisco Carvalho [b] ✉

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Highlights

- First empirical report of findings from a Latin American country on antisocial traits associated with compliance with containment measures.
- Lower levels of empathy and higher levels of Callousness, Deceitfulness, and Risk-taking are associated with lower compliance with containment measures.
- The increase in COVID-19 cases in the country are not associated with people's adherence to containment measures.

Screenshot from ScienceDirect

“Empathy” versus “Anti-social Traits”

The statistical “methodology” of this study is straightforward. It is intended to serve as a model. It consists in categorizing a so-called sample of adults from all major regions of Brazil into two distinct groups. It examines:

> **"..the relationships between antisocial traits and compliance with COVID-19 containment measures**. The sample consisted of 1578 Brazilian adults aged 18–73 years … and **a questionnaire about compliance with containment measures.**[2]

Latent profile analyses indicated a two-profile solution:

> "**the antisocial pattern profile** which presented higher scores in **Callousness, Deceitfulness, Hostility, Impulsivity, Irresponsibility, Manipulativeness, and Risk-taking,** as well as lower scores in **"Affective resonance"** (processes of social interaction) and "**the empathy pattern profile which presented higher scores in Affective resonance** …"
>
> **The antisocial and empathy groups showed significant differences**. … Our findings indicated that antisocial traits, especially lower levels of empathy and higher levels of **Callousness, Deceitfulness, and Risk-taking**, are directly associated with lower compliance with containment measures. **These traits explain, at least partially, the reason why people continue not adhering to the containment measures** even with increasing numbers of cases and deaths. (emphasis added)[3]

The research methodology is built around three main questions[4]:

- "Do you think it is necessary to avoid approaching people as much as possible until the coronavirus situation is controlled?" (social distancing),
- "Do you think it is necessary to wash your hands and/or use alcohol gel as many times a day until the coronavirus situation is controlled?" (hygiene),
- "Do you think it is necessary to use face mask (that protects nose and mouth) in Brazil?" (face mask)

Yes/No Categorization

Answer Yes to these three questions: you are categorized as having "**Empathy**" (i.e. the ability to understand and share the feelings of others). Answer No to all three questions: you are categorized (according to the study) as having "higher levels of **Callousness, Deceitfulness, Hostility**, Impulsivity, Irresponsibility, Manipulativeness, and Risk-taking" (as quoted above).

It all sounds very scientific. The unspoken objective of these psycho-studies is to provide governments with a mandate to intimidate as well as to enforce compliance, while smearing the alleged psychopaths who refuse to conform to the official narrative, which is an outright lie.

"The Dark Triad" and "Collective Narcissism"

According to Eric W. Dolan (PsyPost), the above study consisted in identifying "**a measure of maladaptive personality traits**…". Dolan also refers to a related study focusing on:

> "the "Dark Triad" of narcissism, psychopathy, and Machiavellianism associated with ignoring preventative COVID-19 measures."

The study conducted in Poland is entitled:

> "**Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs**"[5]

The study refers to the practice of "collective narcissism", namely a common belief and practice by a so-called "In-Group" (aka protest movement, collective of dissident medical doctors, scientists) directed against the official coronavirus "truth" (aka the Big Lie). Collective narcissism is embedded in what psychologists call the Dark Triad.

Personality and Individual Differences
Volume 167, 1 December 2020, 110232

Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs ☆

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Received 20 May 2020, Revised 29 June 2020, Accepted 30 June 2020, Available online 15 July 2020.

Screenshot from ScienceDirect

The study is based on "a nationally representative sample from Poland (*N* = 755)". It examines "the relationships between the **Dark Triad traits (i.e. psychopathy, Machiavellianism, and narcissism) and collective narcissism** (i.e. agentic and communal) … **Participants characterized by the Dark Triad traits engaged less in prevention** …"[6]

> "The results point to the utility of health beliefs in predicting behaviors during the pandemic, explaining (at least in part) problematic behaviors associated with **the dark personalities (i.e., Dark Triad, collective narcissism). …**
>
> The traits, such as the Dark Triad (i.e., narcissism, Machiavellianism, psychopathy) and collective narcissism … may have implications for how one copes with the virus… For example, **individuals characterized by the Dark Triad traits may be less likely to follow governmentally-enforced restrictions related to COVID-19.**[7]

The term "agentic" quoted above refers to "goal-achievement".

And here is the methodology:

> "We measured the **Dark Triad traits** (Wave 2) … [also with reference to] the **Dark Triad Dirty Dozen scale** (Jonason & Webster, 2010). The scale consists of four items **assessing individual differences in psychopathy** (e.g. "I tend to lack remorse"), narcissism (e.g. "I tend to seek prestige or status"), and Machiavellianism (e.g. "I tend to manipulate others to get my way"). Participants indicated their agreement with each item (1 = strongly disagree, 5 = strongly agree). We averaged responses to create indices of each trait."[8]

Sounds scientific. What are the conclusions?

> "We advanced the scope of the model by illustrating **the relevance of dark personality traits** in predicting both adaptive and maladaptive behaviors in response to the pandemic by person-focused **(i.e. the Dark Triad traits) and group-focused (i.e. collective narcissism) personality traits."**
>
> To read the full report, click here.[9] (emphasis added)

The psychological definition of **Dark Triad Traits** comprises the combined personality traits of narcissism, Machiavellianism, and psychopathy. "They are called "dark" because of their "**malevolent qualities**"."

The Dark Triad Dirty Dozen (DTDD) consists of a broader "personality inventory" which assesses and measures the three personality components of the Dark Triad.

In substance, what this "scientific report" confirms is that people, who question the COVID-19 official narrative including the vaccine mandate, have **"malevolent personality disorders".** They are said to suffer from the **Dirty Dozen "Dark Triad Traits" (DTDD).**

Illustration by Global Research

The Anti-COVID Protest Movement Is Identified as "Collective Narcissism"

When they act contiguously within an In-Group or a Protest movement, they are tagged as applying "**collective narcissism**".

The framework of the above study is also envisaged for other countries in partnership with the Warsaw group. Another related study is entitled "**Who complies with the restrictions to reduce the spread of COVID-19?: Personality and perceptions of the COVID-19 situation**".[10]

Strong words. "Peer-reviewed"?

Towards an Inquisitorial Environment. Digital Witch Hunt

Psychology is being used in a pernicious way to provide legitimacy to police state measures. The mandate is to "go after" those who allegedly have **"malevolent personality disorders".**

It's an inquisitorial doctrine, which could eventually evolve towards a **Digital Witch Hunt**. In contrast to the Spanish Inquisition, the contemporary inquisitorial system has almost unlimited capabilities of spying on and categorizing individuals who are opposed to the COVID-19 consensus.

People are tagged and labeled, their emails, cell phones are monitored, detailed personal data are slated to be entered into a giant Big Brother data bank of 7.9 billion people under WHO auspices.

Anti-vaccine scientists and medical doctors are categorized. They are the object of censorship, and in some cases they are arrested and sent for treatment in a psychiatric ward.

Once this **digital cataloging** has been completed, people are locked into watertight compartments. Their profiles are established and entered into a computerized data bank.

Meanwhile, the citizenry is galvanized into supporting the tenets of “Global Governance”.

Painting by Francisco Goya depicting an auto de fé, an act of public penance carried out between the 15th and 19th centuries of condemned heretics and apostates imposed by the Inquisition, based on 1800-1810 first-hand accounts. (By QAHsJoGPh6kFeQ at Google Cultural Institute, licensed under the Public Domain)

Are the Billionaires Mentally Deranged?

These empirical psychology studies are meant to be used against citizens who oppose the COVID-19 policy mandates implemented by their governments. In turn these governments obey orders from higher up.

We might beg the question: Are the billionaires, “philanthropists”, corrupt politicians, et al., who are the unspoken architects of both the COVID-19 vaccine and the lockdown policies mentally deranged?

Their personality traits are not the motive of scientific investigation. They are psychopaths. Money and enrichment is the driving force.

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——————————CHAPTER XI——————————

The Worldwide COVAX Operation and The Nuremberg Code. Crimes Against Humanity, Genocide

"We, the survivors of the atrocities committed against humanity during the Second World War, feel bound to follow our conscience. …

Another holocaust of greater magnitude is taking place before our eyes. We call upon you to stop this ungodly medical experiment on humankind immediately. It is a medical experiment to which the Nuremberg Code must be applied." **–Rabbi Hillel Handler, Hagar Schafrir, Sorin Shapira, Mascha Orel, Morry Krispijn et al,** see complete text here

The mRNA "Vaccine" vs. Nuremberg

The vaccine is being applied and imposed worldwide. The target population is 7.9 billion. Several doses are contemplated. It is the largest vaccination program in world history (see Chapter VIII).

> "Never before has immunization of the entire planet been accomplished by delivering a synthetic mRNA into the human body".[1]

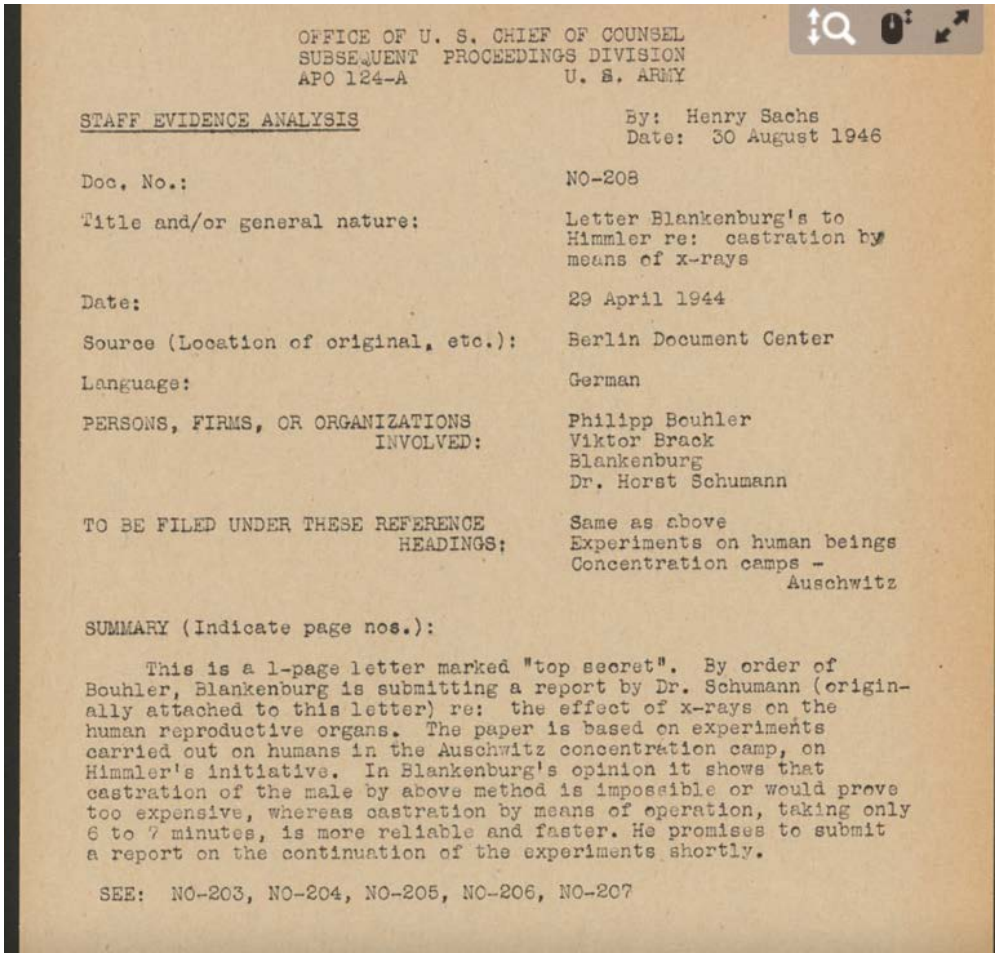
The WHO "guidelines" for establishing a Worldwide Digital Informations System for issuing so-called "Digital Certificates for COVID-19" are generously funded by the Rockefeller and Bill and Melinda Gates foundations." (See Chapter XIII)[2]

Image: "Very good meeting with @BillGates on the margins of #Rotary convention. Discussed on @WHO & @gatesfoundation collaborative initiatives focused on Primary health care. His commitment to helping the needy is beyond words." (By Tedros Adhanom Ghebreyesus/ Facebook

Focusing on the experimental nature of the mRNA vaccine and its devastating health impacts, legal analysts have raised the issue of the historic Nuremberg "**Nazi Doctors' Trial**" (1946-47) in which Nazi doctors were charged for war crimes, specifically in the conduct of medical experiments on both prisoners in the concentration camps and civilians.

The Medical Case, U.S.A. vs. Karl Brandt, et al. (also known as the Doctors' Trial), was prosecuted in 1946-47 against 23 doctors and administrators accused of organizing and participating in war crimes and crimes against humanity in the form of medical experiments and medical procedures inflicted on prisoners and civilians.[3]

Karl Brandt, the lead defendant, was the senior medical official of the German government during World War II; other defendants included senior doctors and administrators in the armed forces and SS (see Harvard Documents).[4]



OFFICE OF U. S. CHIEF OF COUNSEL
SUBSEQUENT PROCEEDINGS DIVISION
APO 124-A U. S. ARMY

STAFF EVIDENCE ANALYSIS

By: Henry Sachs
Date: 30 August 1946

Doc. No.:	NO-208
Title and/or general nature:	Letter Blankenburg's to Himmler re: castration by means of x-rays
Date:	29 April 1944
Source (Location of original, etc.):	Berlin Document Center
Language:	German
PERSONS, FIRMS, OR ORGANIZATIONS INVOLVED:	Philipp Bouhler Viktor Brack Blankenburg Dr. Horst Schumann
TO BE FILED UNDER THESE REFERENCE HEADINGS:	Same as above Experiments on human beings Concentration camps - Auschwitz

SUMMARY (Indicate page nos.):

This is a 1-page letter marked "top secret". By order of Bouhler, Blankenburg is submitting a report by Dr. Schumann (originally attached to this letter) re: the effect of x-rays on the human reproductive organs. The paper is based on experiments carried out on humans in the Auschwitz concentration camp, on Himmler's initiative. In Blankenburg's opinion it shows that castration of the male by above method is impossible or would prove too expensive, whereas castration by means of operation, taking only 6 to 7 minutes, is more reliable and faster. He promises to submit a report on the continuation of the experiments shortly.

SEE: NO-203, NO-204, NO-205, NO-206, NO-207

Letter to Heinrich Himmler concerning x-ray and surgical sterilization (Taken from Nuremberg Trials Project of Harvard Law)

Resulting from the verdict on August 19, 1947, the Nuremberg Code was enacted. Reviewed below are the **Ten Principles of the Nuremberg Code**.[5] Several of these principles – in relation to the mRNA vaccine and the vaccine passport – have been blatantly violated.

The first principle of the "Nuremberg Code" states that "**the voluntary consent of the human subject is absolutely essential**," and that is precisely what is being denied in relation to the "vaccine" (see sentences in **bold** below).[6]

1. **The voluntary consent of the human subject is absolutely essential**.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able **to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion;** and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

2. The experiment **should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.**

3. **The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease** or other problem under study that the anticipated results will justify the performance of the experiment.

4. **The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.**

5. **No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur**; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. **The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.**

7. Proper preparations should be made and adequate facilities provided **to protect the experimental subject against even remote possibilities of injury, disability, or death.**

8. **The experiment should be conducted only by scientifically qualified persons.** The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. **During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage,** if he has probably cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

(emphasis added)

Nuremberg and the COVID Crisis

Starting in December 2020, entire populations in a large number of countries are **under threat to comply** and get vaccinated.

With reference to the Nuremberg Code, they are unable:

> **“to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion” (Nuremberg principle 1 above).**

Amply documented, there is an upward trend in mRNA vaccine deaths and injuries worldwide and the health authorities are fully aware of the “health risks”, yet they have not informed the public. There is no informed consent. And the media is lying through their teeth:

> "**No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur" (Nuremberg principle 5 above**).

The above "a priori reason" outlined in Nuremberg principle 5 is amply documented. Deaths and disabling injuries are ongoing at the level of the entire planet. They are confirmed by the official statistics of mRNA vaccine mortality and morbidity (EU, US, UK).

Nazi "Medical Experiments"

Let us recall the categorization of specific crimes pertaining to Nazi "medical experiments" conducted on concentration camp prisoners. These included "the killing of Jews for anatomical research, the killing of tubercular Poles, and the euthanasia of sick and disabled civilians in Germany and occupied territories. …"[7]

Karl Brandt and six other defendants were convicted, sentenced to death, and executed; nine defendants were convicted and sentenced to terms in prison; and seven defendants were acquitted.

The trial documents and evidence are all on file. The defendants were charged with **war crimes and crimes against humanity.**

The defendants in the dock during the Nuremberg Trials (By Raymond D'Addario, licensed under the Public Domain)

The Scale and Size of the Worldwide COVID-19 Vaxx Operation

While the Nuremberg principles are of utmost relevance to the COVID-19 vaccine project, simplistic comparisons should be avoided. The context, the history and the mechanisms of compliance pertaining to the mRNA "vaccine" are fundamentally different.

The scale and size of the worldwide COVAX operation as well as its complex organizational structure

(WHO, GAVI, Gates Foundation, Big Pharma) are unprecedented.

Humanity in its entirety is the object of the vaxx project. The target population for experimentation of the COVID-19 vaccine is the entire population of planet Earth:

> Almost 8 billion people, involving several doses.
>
> Multiply the world's population by four doses (as proposed by Pfizer): the order of magnitude is 30 billion doses worldwide.

The numbers are in the billions. The likely impacts on mortality and morbidity are beyond description.

Big Money is behind this public-private partnership project.

We are dealing with a worldwide process of crimes against humanity. Entire populations in a large number of member states of the UN are subject to compliance and enforcement (without the rule of law).

If they refuse the vaccine, they are socially marginalized and confined, rejected by their employers, rejected by society; no education, no career, no life. Their lives are destroyed.

If they accept the vaccine, their health and their life are potentially in jeopardy.

The evidence of mortality and morbidity resulting from vaccine inoculation both present (official data) and future (e.g. undetected microscopic blood clots) is overwhelming (see Chapter VIII).

And that's just the beginning.

Extensive crimes against humanity worldwide are being committed.

The mRNA "vaccine" modifies the human genome at the level of the entire planet. It's genocide.

It's a "holocaust of greater magnitude, taking place before our eyes".

Endnotes

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2. WHO, August 27, 2021. Digital documentation of COVID-19 certificates: vaccination status: web annex A: DDCC:VS core data dictionary, 27 August 2021. https://www.who.int/publications/i/item/WHO-2019-nCoV-Digital_certificates-vaccination-data_dictionary-2021.1

3. Harvard Law School, n.d. NMT Case 1: U.S.A. v. Karl Brandt et al.: The Doctors' Trial. https://nuremberg.law.harvard.edu/nmt_1_intro

4. Ibid.

5. US Holocaust Memorial Museum, n.d. Nuremberg Code. https://www.ushmm.org/information/exhibitions/online-exhibitions/special-focus/doctors-trial/nuremberg-code

6. Ibid.

7. Harvard Law School, n.d. NMT Case 1: U.S.A. v. Karl Brandt et al.: The Doctors' Trial. https://nuremberg.law.harvard.edu/nmt_1_intro

——————————CHAPTER XII——————————

Global Coup d'État and the "Great Reset". Global Debt and Neoliberal "Shock Treatment"

"The IMF, World Bank and global leaders knew full well what the impact on the world's poor would be of closing down the world economy through COVID-related lockdowns.

Yet they sanctioned it and there is now the prospect that in excess of a quarter of a billion more people worldwide will fall into extreme levels of poverty in 2022 alone." (**Colin Todhunter**, July 2022)

History of Economic "Shock Treatment". From the Structural Adjustment Programme (SAP) to "Global Adjustment (GA)"

The March 11, 2020 (simultaneous) closing down of the national economies of approximately 193 member states of the UN is diabolical and unprecedented. Millions of people have lost their jobs and their lifelong savings. In developing countries, poverty, famine and despair prevail. The closure of national economies has led to a spiraling global debt. Increasingly, national governments are controlled by the creditors, which are currently financing the social safety nets, corporate bailouts and handouts.

While this model of "global intervention" is unprecedented, it has certain features reminiscent of the country-level macro-economic reforms including the imposition of strong "economic medicine" by the IMF. To address this issue, let us examine the history of so-called "economic shock treatment" (a term first used in the 1970s).[1]

Flashback to Chile, September 11, 1973

As a visiting professor at the Catholic University of Chile, I lived through the military coup directed against the democratically elected government of **Salvador Allende.** It was a CIA operation led by **Secretary of State Henry Kissinger** coupled with devastating macro-economic reforms.

In the month following the coup d'etat, **the price of bread increased from 11 to 40 escudos overnight**.[2] This engineered collapse of both real wages and employment under the Pinochet dictatorship was conducive to a nationwide process of impoverishment.

Chilean leader Augusto Pinochet shaking hands with U.S. Secretary of State Henry Kissinger in 1976 (By Ministerio de Relaciones Exteriores de Chile. – Archivo General Histórico del Ministerio de Relaciones Exteriores, licensed under CC BY 2.0 cl)

While food prices had skyrocketed, wages had been frozen to ensure "economic stability and stave off inflationary pressures." From one day to the next, an entire country had been precipitated into abysmal poverty; in less than a year, the price of bread in Chile increased 36 times and 85 percent of the Chilean population had been driven below the poverty line. That was **Chile's 1973 "Reset"**.

Two and a half years later in 1976, I returned to Latin America as a visiting professor at the National University of Cordoba in the northern industrial heartland of Argentina. My stay coincided with another military coup d'état in March 1976.

Behind the massacres and human rights violations, "free market" macro-economic reforms had also been prescribed – this time under the supervision of Argentina's New York creditors, including **David Rockefeller** who was a friend of the Junta's Minister of Economy **José Alfredo Martinez de Hoz**.[3]

Chile and Argentina were "dress rehearsals" for things to come. The imposition of the IMF-World Bank Structural Adjustment Programme (SAP) was imposed on more than 100 countries starting in the early 1980s (see Michel Chossudovsky, The Globalization of Poverty and the New World Order, Global Research, 2003).[4]

A notorious example of the "free market": Peru in August 1990 was punished for not conforming to IMF diktats; **the price of fuel was hiked up 31 times** and the price of bread increased more than 12 times in a single day.[5] These reforms – carried out in the name of "democracy" – were far more devastating than those applied in Chile and Argentina under the fist of military rule.

Image: David Rockefeller meets Dictator Jorge Videla (right) and Minister of Finance Martinez de Hoz, 1978 (Source: Plaza de Mayo)

The March 2020 Lockdown. "Economic Warfare"

And now on March 11, 2020, we enter a new phase of macro-economic destabilization, which is more devastating and destructive than 40 years of "shock treatment" and austerity measures imposed by

the IMF on behalf of dominant financial interests.

There is rupture, a historical break as well as continuity. It's **"neoliberalism to the nth degree"**.

Closure of the Global Economy: Economic and Social Impacts at the Level of the Entire Planet

Compare what is happening to the global economy today with the country by country "negotiated" macro-economic measures imposed by creditors under the **Structural Adjustment Programme (SAP). The March 11, 2020 "Global Adjustment**" was not negotiated with national governments. It was imposed by a "public-private partnership", sustained by fake science, supported by media propaganda and accepted by co-opted and corrupt politicians.

"Engineered" Social Inequality and Impoverishment. The Globalization of Poverty

Compare the **March 11, 2020** "**Global Adjustment"** "guidelines" affecting the entire planet to **Chile on September 11, 1973**.

In a bitter irony, the same Big Money interests behind the 2020 "Global Adjustment" were actively involved in Chile (1973) and Argentina (1976). Remember "Operation Condor" and the "Dirty War" (*Guerra Sucia*).

There is continuity. The same powerful financial interests including the IMF and the World Bank bureaucracies in liaison with the Federal Reserve, Wall Street, The Bank for International Settlements (BIS) and the World Economic Forum (WEF) are currently involved in preparing and managing the post-pandemic "new normal" debt operations (on behalf of the creditors) under **the Great Reset.**

Henry Kissinger was involved in coordinating **Chile's 9/11, 1973 "Reset".**

The following year (1974), he was in put charge of the drafting of the **"National Strategic Security Memorandum 200 (NSSM 200) which identified depopulation** as "the highest priority in US foreign policy towards the Third World".[6]

The Thrust of "Depopulation" Under the Great Reset?

Today, Henry Kissinger is a firm supporter alongside the Gates Foundation (which is also firmly committed to depopulation) of the **Great Reset** under the auspices of the World Economic Forum (WEF) (see Chapter XIII).

No need to negotiate with national governments nor carry out "regime change". The March 11, 2020 lockdown project constitutes a "**Global Adjustment**" which triggers bankruptcies, unemployment and privatization on a much larger scale affecting in one fell swoop the national economies of more than 150 countries.

And this whole process is presented to public opinion as a means to combating the "killer virus" which, according to the CDC and the WHO is similar to seasonal influenza (see Chapter III).

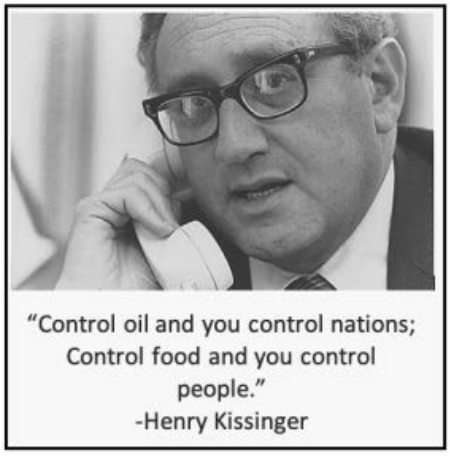

Illustration by Global Research/image of Henry Kissinger is from White House Photographic Office/PD-USGOV, licensed under the Public Domain

The Hegemonic Power Structure of Global Capitalism

Big Money including the billionaire foundations are the driving force. It's a complex alliance of Wall Street and the banking establishment, the Big Oil and Energy Conglomerates, the so-called "Defense Contractors", Big Pharma, the Biotech Conglomerates, the Corporate Media, the Telecom, Communications and Digital Technology Giants, together with a network of think tanks, lobby groups, research labs, etc. The ownership of intellectual property also plays a central role.

This powerful digital-financial decision-making network also involves major creditor and banking institutions: the Federal Reserve, the European Central Bank (ECB), the IMF, the World Bank, the regional development banks, and the Basel-based Bank for International Settlements (BIS), which plays a key strategic role.

By far the most powerful financial entities are the giant investment portfolio conglomerates including **Black Rock, Vanguard, State Street and Fidelity. They control:**

> **"… a combined 20 trillion dollars in managed assets….** Conservatively counting, a four to five-fold leverage power (**i.e. some US$ 80 to 100 trillion)". These powerful financial conglomerates have a leverage in excess of the the world's GDP which is of the order of about 82 trillion dollars."**[7]

In turn, the upper echelons of the US state apparatus (and Washington's Western allies) are directly or indirectly involved, including the Pentagon, US Intelligence (and its research labs), the health authorities, Homeland Security and the US State Department (including US embassies in over 150 countries).

The "Real Economy" and "Big Money"

Why are these COVID lockdown policies spearheading bankruptcy, poverty and unemployment?

Global capitalism is not monolithic. There is indeed "a class conflict" "between the super rich and the vast majority of the world population".

But there is also **intense rivalry within the capitalist system**; namely a conflict between **"Big Money Capital"** and what might be described as **"Real Capitalism"** which consists of corporations in different areas of productive activity at the national and regional levels. It also includes small and medium-sized enterprises.

What is ongoing is a process of concentration of wealth (and control of advanced technologies) unprecedented in world history, whereby the financial establishment (i.e. the multi-billion dollar creditors) are slated to appropriate the real assets of both bankrupt companies as well as state assets.

The "real economy" constitutes "the economic landscape" of real economic activity: productive assets, agriculture, industry, services, economic and social infrastructure, investment, employment, etc. The real economy at the global and national levels is being targeted by the lockdown and closure of economic activity. The Global Money financial institutions are the "creditors" of the real economy.

Global Governance: Towards a Totalitarian State

The individuals and organizations involved in the October 18, 2019 **201 Simulation** are now involved **in the actual management of the crisis once it went live** on January 30, 2020 under the WHO's Public Health Emergency of International Concern (PHEIC), which in turn set the stage for the

February 2020 financial crisis and the March lockdown (see Chapter I).

The lockdown and closure of national economies has triggered several waves of mass unemployment coupled with the engineered bankruptcy (applied worldwide) of small and medium-sized enterprises (see Chapter IV).

All of which is spearheaded by the installation of a global totalitarian state which is intent upon breaking all forms of protest and resistance.

The COVID vaccination program (including the embedded digital passport and the **QR Code**) is an integral part of a global totalitarian regime (see Chapter VIII and Chapter XIII).

> What is the infamous ID2020? It is an alliance of public-private partners, including UN agencies and civil society. **It's an electronic ID program that uses generalized vaccination as a platform for digital identity.** The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity.red zones, face masks, social distancing, lockdown. (Peter Koenig, March 12, 2020)[8]

"The Great Reset"

The same powerful creditors which triggered the COVID global debt crisis are now establishing a "new normal" which essentially consists in imposing what the World Economic Forum describes as the "Great Reset".

> Using COVID-19 lockdowns and restrictions to push through this transformation, **the Great Reset is being rolled out under the guise of a 'Fourth Industrial Revolution'** in which **older enterprises are to be driven to bankruptcy or absorbed into monopolies, effectively shutting down huge sections of the pre-COVID economy.** Economies are being 'restructured' and many jobs will be carried out by AI-driven machines.
>
> **The jobless (and there will be many) would be placed on some kind of universal basic income** and have their debts (indebtedness and bankruptcy on a massive scale is the deliberate result of lockdowns and restrictions) **written off in return for handing their assets to the state or more precisely to the financial institutions helping to drive this Great Reset**. The WEF says the public will 'rent' everything they require: stripping the right of ownership under the guise of 'sustainable consumption' and 'saving the planet'. Of course, the tiny elite who rolled out this great reset will own everything. **(Colin Todhunter,** Dystopian Great Reset, November 9, 2020)[9]

Push the Reset Button

The World Economic Forum's **Great Reset** has been long in the making. "Push the reset button" with a view to saving the world economy was announced by WEF Chairman **Klaus Schwab** in January 2014, six years prior to the onslaught of the COVID-19 pandemic.

> "What we want to do in Davos this year [2014] is to **Push the Reset Button**, the world is too much caught in a crisis mode."

Two years later in a 2016 interview with the Swiss French language TV network (RTS), Klaus Schwab talked about implanting microchips in human bodies, which in essence is the basis of the "experimental" COVID mRNA vaccine.

> **“What we see is a kind of fusion of the physical, digital and biological world,”** said Klaus Schwab.

Schwab explained that human beings will soon receive a chip which will be implanted in their bodies in order to merge with the digital world.

> RTS: “When will that happen?
>
> KS: “Certainly in the next ten years.
>
> “We could imagine that we will implant them in our brain or in our skin.”
>
> “And then we can imagine that there is direct communication between the brain and the digital World.”

Click here to watch the interview, **Towards Digital Tyranny**, with Peter Koenig. Click here for the Bitchute version.

Screenshot from the video / Copyright Global Research

June 2020. The WEF Officially Announces the Great Reset

> “The **pandemic represents a rare but narrow window of opportunity** to reflect, reimagine, and reset our world to create a healthier, more equitable, and more prosperous future.” - Klaus Schwab, WEF (June 2020)

What is envisaged under “the Great Reset” is a scenario whereby the global creditors will have appropriated by 2030 the world’s wealth while impoverishing large sectors of the world population.

In 2030, “you’ll own nothing, and you’ll be happy.” (Click here to watch the video)

The United Nations: An Instrument of Global Governance on Behalf of an Unelected Public-Private Partnership

The UN system is also complicit. It has endorsed "Global Governance" and the Great Reset. And so has the Vatican.

While UN **Secretary General Antonio Guterres** rightfully acknowledges that the pandemic is "more than a health crisis", no meaningful analysis or debate under UN auspices as to the real causes of this crisis has been undertaken.

Image: Antonio Guterres (By U.S. Mission Photo by Eric Bridiers/Flickr, licensed under the Public Domain)

According to a September 2020 UN Report:

> "Hundreds of thousands of lives have been lost. The lives of billions of people have been disrupted. In addition to the health impacts, COVID-19 has exposed and exacerbated deep inequalities … It has affected us as individuals, as families, communities and societies. It has had an impact on every generation, including on those not yet born. The crisis has highlighted fragilities within and among nations, as well as in our systems for mounting a coordinated global response to shared threats. (UN Report)[10]

The far-reaching decisions which triggered social and economic destruction worldwide are not mentioned. No debate in the UN Security Council. Consensus among all five permanent members of the UNSC.

V the Virus is casually held responsible for the process of economic destruction.

The World Economic Forum's "public-private partnership" project entitled **"Reimagine and Reset Our World"** has been endorsed by the United Nations.

Flashback to **George Kennan** and the **Truman Doctrine** in the late 1940s. Kennan believed that the UN provided a useful way to "connect power with morality," using morality as a means to rubber-stamp America's "humanitarian wars".

Image: George Kennan (By Harris & Ewing/ Library of Congress, licensed under the Public Domain)

The COVID crisis, the lockdown measures and the mRNA vaccine are the culmination of a historical process.

The lockdown and closure of the global economy are "weapons of mass destruction" which in the real sense of the word **"destroy people's lives".** Amply documented, the COVID-19 mRNA vaccine is best described as a **"killer vaccine".**

What we are dealing with are extensive "crimes against humanity".

President Joe Biden and the "Great Reset"

Joe Biden is a groomed politician, a trusted proxy, serving the interests of the financial establishment.

Let's not forget that Joe Biden was a firm supporter of the invasion of Iraq on the grounds that Saddam Hussein "had weapons of mass destruction". "The American people were deceived into this war", said Senator Dick Durbin. Do not let yourself be deceived again by Joe Biden.[11]

Evolving acronyms: 9/11, GWOT, WMD and now COVID. Biden was rewarded for having supported the invasion of Iraq.

During the election campaign, Fox News described Biden as a "socialist" who threatens capitalism; "Joe Biden's disturbing connection to the socialist 'Great Reset' movement".

While this is absolute nonsense, many "progressives" and anti-war activists have endorsed Joe Biden without analyzing the broader consequences of the Biden presidency.

"The Great Reset" is socially divisive, it's racist. It is a diabolical project of global capitalism. It constitutes a threat to the large majority of American workers as well as to small and medium-sized enterprises. It also undermines several important sectors of the capitalist economy.

The Biden Presidency and the Lockdown

With regard to COVID, Biden is firmly committed to maintaining the partial closing down of both the US economy and the global economy as a means to "combating the killer virus".

President Biden is a firm supporter of the corona lockdown. He not only endorses the adoption of staunch COVID-19 lockdown policies, his administration is committed to the **World Economic Forum's "Great Reset"** and the "vaccine passport" as an integral part of US foreign policy, to be implemented or more correctly "imposed" worldwide.

In turn, the Biden-Harris administration will attempt to override all forms of popular resistance to the coronavirus lockdown.

What is unfolding is a new and destructive phase of US imperialism. It's a totalitarian project of economic and social engineering, which ultimately destroys people's lives worldwide. This "novel" neoliberal agenda using the corona lockdown as an instrument of social oppression has been endorsed by President Biden and the leadership of the Democratic Party.

The Biden White House is committed to the instatement of what David Rockefeller called "Global Governance".

The Protest Movement

It should be noted that the protest movement in the US against the lockdown is weak. In fact there is no coherent grassroots national protest movement. Why? Because "progressive forces" including leftist intellectuals, NGO leaders, trade union and labor leaders — most of whom are aligned with the Democratic Party — have from the outset been supportive of the lockdown. And they are also supportive of Joe Biden.

In a bitter irony, anti-war activists as well as the critics of neoliberalism have endorsed **Joe Biden**.

Unless there is significant protest and organized resistance, nationally and internationally, the Great Reset will be embedded in both domestic and US foreign policy agendas of the Joe Biden-Kamala Harris administration.

It's what you call imperialism with a "human face".

Where Is the Protest Movement Against This Unelected Corona "Public-Private Partnership"?

The same philanthropic foundations (Rockefeller, Ford, Soros, et al.) which are the unspoken architects of the "Great Reset" and "Global Governance" are also involved in (generously) financing climate change activism, the Extinction Rebellion, the World Social Forum, Black Lives Matter, LGBT, et al.

What this means is that the grassroots of these social movements are often misled and betrayed by their leaders who are routinely co-opted and generously rewarded by a handful of corporate foundations.

The World Social Forum (WSF), which is commemorating its 21st anniversary, brings together committed anti-globalization activists from all over the world. But who controls the WSF? From the outset in January 2001, it was (initially) funded by the Ford Foundation.

It's what you call "**manufactured dissent"** (far more insidious than Herman-Chomsky's "manufactured consent").

The objective of the financial elites "has been to fragment the people's movement into a vast "do it yourself" mosaic. Activism tends to be piecemeal. There is no integrated anti-globalization anti-war movement." (Michel Chossudovsky, Manufacturing Dissent, Global Research, 2010)[12]

In the words of McGeorge Bundy, President of the Ford Foundation (1966-1979):

> "Everything the [Ford] Foundation did could be regarded as "making the world safe for capitalism", reducing social tensions by helping to comfort the afflicted, provide safety valves for the angry, and improve the functioning of government.[13]

Image: Joe Biden with Henry Kissinger (By Kai Mörk – www.securityconference.de, licensed under CC BY 3.0 de)

The protest movement against the Great Reset which constitutes a "global coup d'état" requires a process of worldwide mobilization:

> "There can be no meaningful mass movement when dissent is generously funded by those same corporate interests [WEF, Gates, Ford, et al.] which are the target of the protest movement".[14]

Endnotes

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——————————CHAPTER XIII——————————

"Digital Tyranny" and the QR Code

"It's the worldwide invasion of the QR code – QR coding of everything: all of your most intimate data, health, personal behaviors, habits – track records of where we have been and even where we may be planning to go. Nothing will escape the QR code. Nobody talks about it." –**Peter Koenig**, former World Bank analyst, Research Associate of the Centre for Research on Globalization

Towards a Digitized Global Police State

The worldwide **QR Verification Code** project lays the groundwork for the instatement of a "Digitized Global Police State" controlled by the financial establishment. It's part of what the late **David Rockefeller** entitled "The March Towards World Government" based on an alliance of bankers and intellectuals (see Chapter XII). **Peter Koenig** describes the QR code as:

> "an all-electronic ID – linking everything to everything of each individual (records of health, banking, personal and private, etc.)."

Towards a Worldwide Digital Currency System (CBDC)

Consultations are also ongoing between the World Economic Forum (WEF) and central banks with a view to implementing a so-called Central Bank Digital Currency (CBDC) network. According to **David Skripac,**

> "A worldwide digital ID system is in the making. … The aim of the WEF—and of all the central banks [is] to implement a global system in which everyone's personal data will be incorporated into the Central Bank Digital Currency (CBDC) network."[1]

The QR Verification Code Software

In early 2022, the WHO signed a major contract with Deutsche Telekom T Systems to develop a **QR Verification App** and software which is to be applied worldwide.

The QR code-based software solution is slated to be used:

> "for other vaccinations as well, such as polio or yellow fever, T-Systems said in a statement … **adding that the WHO would support its 194 member states in building national and regional verification technology.**" (emphasis added)

According to a Deutsche Telekom I-T Systems Communique, "The WHO's gateway service also serves as a **bridge between regional systems**", which essentially implies a coordinated global structure of QR surveillance, which oversees the entire population of Planet Earth.[2]

And once established, it will police "every aspect of our lives", wherever our location. "It can also be used as part of future vaccination campaigns and **home-based records**."

According to the CEO of Deutsche Telecom T Systems:

> **"Corona has a grip on the world. Digitization keeps the world running".**[3]

Bill Gates has a long-standing relationship with Deutsche Telekom's former CEO **Ron Sommer** going back to the late 1990s.[4]

Tracing and Tracking

T-Systems had previously set up the European Federation Gateway Service (EFGS). The service ensures that **member states' corona tracing apps work across borders**.

The Telekom app is categorized as **"one of the most successful tracing apps in the world"**. Who has the grip on the world? A giant data bank pertaining to almost 8 billion people is controlled by "Big Money".[5]

People are tagged and labeled, their emails, cell phones are monitored, detailed personal data are entered into a giant Big Brother data bank.

"Digital tyranny" requires repelling all forms of political and social resistance.

Individual human beings are categorized as "numbers". Once these "numbers" are inserted into a global digital data bank, humanity in its entirety is under the control of the globalists, namely the Financial Establishment.

The history, culture and identity of nation-states is foreclosed. **People become numbers** inserted into a global data bank. In turn the formulation of **societal projects** (projet de société) at national, local and community levels is erased.

Social democracy, socialism, libertarianism: under global governance, all forms of representative democracy and class struggle are precipitated into the dustbin of history.

Progressives should understand who is behind this hegemonic project, it's part of a neoliberal agenda, it's an endgame which destroys the identity of human beings; it destroys humanity.

It is important to organize a broad movement of resistance leading to the outright dismantling of this diabolical agenda, which is embedded in the **WHO's Pandemic Treaty,** sponsored by the World Economic Forum (WEF) and the Gates Foundation.

The modalities of the globalists' project are embedded in the **WHO's Pandemic Treaty,** an initiative of the WEF and the Gates Foundation.

The Infamous WHO "Treaty on Pandemics"

In March 2022, the WHO launched an Intergovernmental Negotiating Body (INB) with a mandate to create **"A Pandemic Treaty"**, i.e**.** a global health governance entity which would override the authority of WHO member states.

> "The Global Pandemic Treaty on pandemic preparedness would grant the WHO absolute power over global biosecurity, such as the power to implement digital identities / vaccine passports, mandatory vaccinations, travel restrictions, lockdowns, standardized medical care and more.

This Pandemic Treaty, if implemented, will change the global landscape and **strip you and me of some of our most basic rights and freedoms.**

Make no mistake, the WHO Pandemic Treaty is a direct attack on the sovereignty of its member states, as well as a direct attack on your bodily autonomy." (Peter Koenig, June 2022)[6]

Image: Damaged but still decodable QR code (Licensed under CC0)

The Treaty on Pandemics is tied into the WHO's QR Verification Code project and the COVID-19 mRNA vaccine.

The legitimacy of both the **Treaty on Pandemics** and the **QR Verification Code** under WHO auspices rests on the presumption that the **alleged "COVID-19 pandemic is real"** and that the **mRNA vaccine constitutes a SOLUTION to curbing the spread of the virus**.

What is the legitimacy as well as the science behind this diabolical project? **NONE.** Amply confirmed: **THERE IS NO PANDEMIC.** The alleged COVID-19 pandemic is based on "fake science" (see Chapter III).

Both the EU Digital COVID Certificate Framework as well as the WHO QR Verification Code are predicated on outright lies and fabrications.

The Treaty on Pandemics is the "back door" towards "Global Governance" and digital tyranny. It consists in constructing a worldwide nexus of **proxy regimes** controlled by a "**supranational sovereignty**" (World Government) composed of leading financial institutions, billionaires and their philanthropic foundations (see Chapter XII).

Dr. Tedros Adhanom Ghebreyesus and Charles Michel championed the idea of an international treaty on pandemics

Image by the Council of the European Union

The WHO's Plan Is for 10 Years of Pandemics (2020-2030)

A series of future pandemics have been contemplated by the WHO with the support of the Gates Foundation. According to the President of the European Council **Charles Michel** and the Director-General of the WHO **Dr. Tedros Adhanom Ghebreyesus**:

"There will be other pandemics and other major health emergencies.

The question is not if, but when. … we must be better prepared to predict, prevent, detect, assess and effectively respond to pandemics in a highly coordinated fashion.

To that end, we believe that nations should work together towards a new international treaty for pandemic preparedness and response."

-Joint call for an international pandemic treaty[7]

Bill Gates's "Pandemic Number Two": The Monkeypox?

> "We'll have another pandemic. It will be a different pathogen next time," (CNBC, February 18, 2022)
>
> "We'll have to prepare for the next one…
>
> "To be ready for Pandemic Two, … I call this Pandemic One" (Bill Gates, see Video: The WHO Plans for 10 Years of Pandemics)[8]

President Joe Biden says America "needs to start getting funding **to prepare for the next pandemic**".

Big Money is behind Biden's proposal, supportive of Bill Gates:

> "The White House has proposed allocating **$82 billion toward planning for pandemic response"**. (Business Insider, June 23, 2022)[9]

The Monkeypox PHEIC

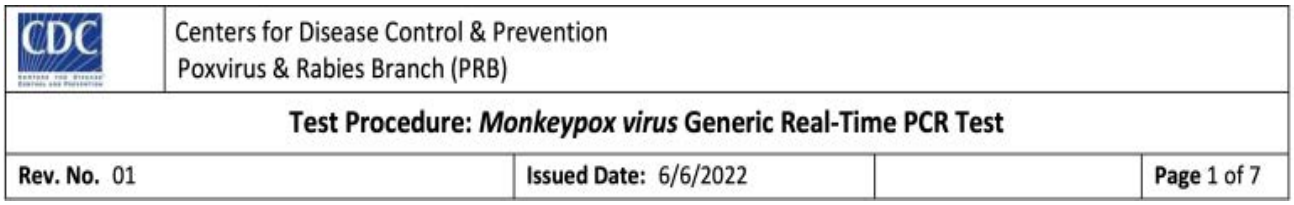
On July 23, 2022, a Monkeypox Public Health Emergency of International Concern (PHEIC) was declared unilaterally by the Director-General of the WHO **Dr. Tedros Adhanom Ghebreyesus** against a majority vote of the International Health Regulations (IHR) Emergency Committee (9 against, 6 in favor).[10]

> "We have an outbreak that has spread around the world rapidly through new modes of transmission…I [Tedros] have decided that the global monkeypox outbreak represents a Public Health Emergency of International Concern." …[11]
>
> "Although I [Tedros] am declaring a public health emergency of international concern, for the moment **this is an outbreak that is concentrated among men who have sex with men, especially those with multiple sexual partners. …**
>
> It's therefore essential that **all countries work closely with communities of men who have sex with men**, to design and deliver effective information and services, and to adopt measures that protect the health, human rights and dignity of affected communities.
>
> **(emphasis added)**

"I Have Decided… "

Tedros's statement borders on ridicule. Where is the science? What are the implications? A review of WHO statements reveals "scientific biases" and outright manipulations.

And guess what: it's the real-time PCR test, which the CDC declared invalid for detecting SARS-CoV-2 (effective December 31 2021), which is now being used to "detect the monkeypox pathogen".[12]



Screenshot from CDC

There is no evidence that monkeypox is a sexually-transmitted disease. (See Michel Chossudovsky, Global Research, August 1, 2022)[13]

Does Tedros's statement constitute an encroachment of **the fundamental rights of the LGBT Community** which is currently the object of the emergency measures? In the words of the IHR Emergency Committee report cited above: "interventions [are] targeted to this segment of the population [LGBT]."

The WHO is funded by the Gates Foundation. And Bill Gates is centrefold. He has been pushing for the monkeypox scenario since 2017.

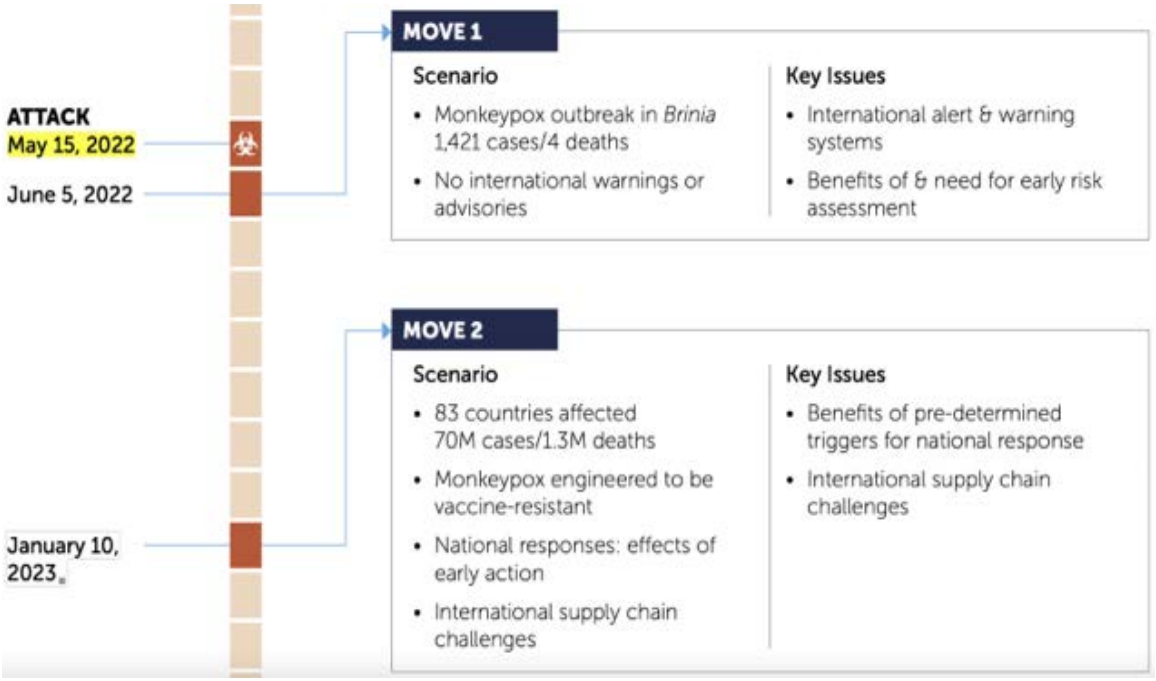
Moreover, in March 2021, a tabletop **simulation** (similar to the **October 2019 Event 201 Simulation)** generously funded by multi-billionaire foundations**,** portrays a "fictional exercise scenario of a deadly, global pandemic involving an unusual strain of monkeypox virus". The simulation was presented at the Munich Security Conference.

Simulation versus "Real Life" Monkeypox Outbreak

May 15, 2022 marks the commencement of the monkeypox epidemic in the "**Simulated Scenario"** (see figure below), leading up to January 2023 (83 countries affected) with 70 million confirmed cases and 1.3 million deaths (see graph below).[14]

Coincidence? Visibly, **May 15, 2022** as well as the **150 cases** in the simulation bear a canny resemblance to the "REAL" press reports and WHO advisory:

> **"Since 13 May 2022**, cases of monkeypox have been reported to [the] WHO from 12 Member States that are not endemic for monkeypox virus, across three WHO regions. Epidemiological investigations are ongoing, …" (WHO Advisory)[15]



Screenshot from the Simulated Scenario, Munich Security Conference, page 10 of NTI Report

The Transition from PHEIC 2.0 to "Pandemic Number Two"?

Dr. Tedros's July 2022 monkeypox PHEIC was modelled on the **WHO's COVID-19 January 30, 2020 PHEIC** (see Chapter II).

What's next? The PHEIC sets the stage. It's the preamble towards subsequent pandemics.

Will the historic July 23, 2022 **Monkeypox PHEIC 2.0** lead the way towards "Pandemic Number Two", i.e. a worldwide monkeypox pandemic, officially enacted by the WHO at some future data?

A monkeypox vaccine was developed (prior to the outbreak in May 2022). It was announced on May 18, 2022.[16]

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——————————CHAPTER XIV——————————

The COVID-19 Endgame:

Eugenics and the Depopulation Agenda

"We're now facing a situation where a huge number of very powerful organizations and elites at international and national levels are calling for policies that are basically a suicide pact. Basically a death wish of some sort." –**Patrick Moore**, former president of Greenpeace

Do these "Do Goodie" billionaires have any idea of the carnage and suffering their mass-vaccination campaign is likely to generate? Or is that the goal, a world with fewer people? –**Michael Whitney,**, renowned author and geopolitical analyst

Introduction

The two strategic pillars of the COVID agenda examined in the previous chapters are:

- **The lockdown:** an act of economic and social warfare which has triggered a worldwide process of impoverishment, social marginalization and despair,
- **The mRNA COVID "vaccine"** which has resulted in a worldwide upward trend in mortality and morbidity.

Unprecedented in world history, these two strategic pillars are instrumental in triggering a process of depopulation which indelibly points to **extensive crimes against humanity.**

The enforcement of the depopulation agenda requires a socially repressive structure of "global governance" controlled by the financial establishment.

It also requires a cohesive propaganda apparatus with a view to **enforcing social acceptance worldwide**. In turn, this process requires the demise of the institutions of representative government coupled with the criminalization of the judicial system.

Depopulation and the History of Eugenics

The Global Governance scenario attempts to impose an agenda of social engineering and economic compliance.

The World Government envisaged by the globalists is predicated on obedience and acceptance. One of its major objectives is to carry out a worldwide depopulation agenda.

The contemporary eugenics movement sponsored by the World Economic Forum (WEF) and the billionaire philanthropists **hinges upon two strategic pillars: the COVID lockdown and the mRNA vaccine, which are instruments of global population reduction**.

US-NATO-led war are also instruments of depopulation.

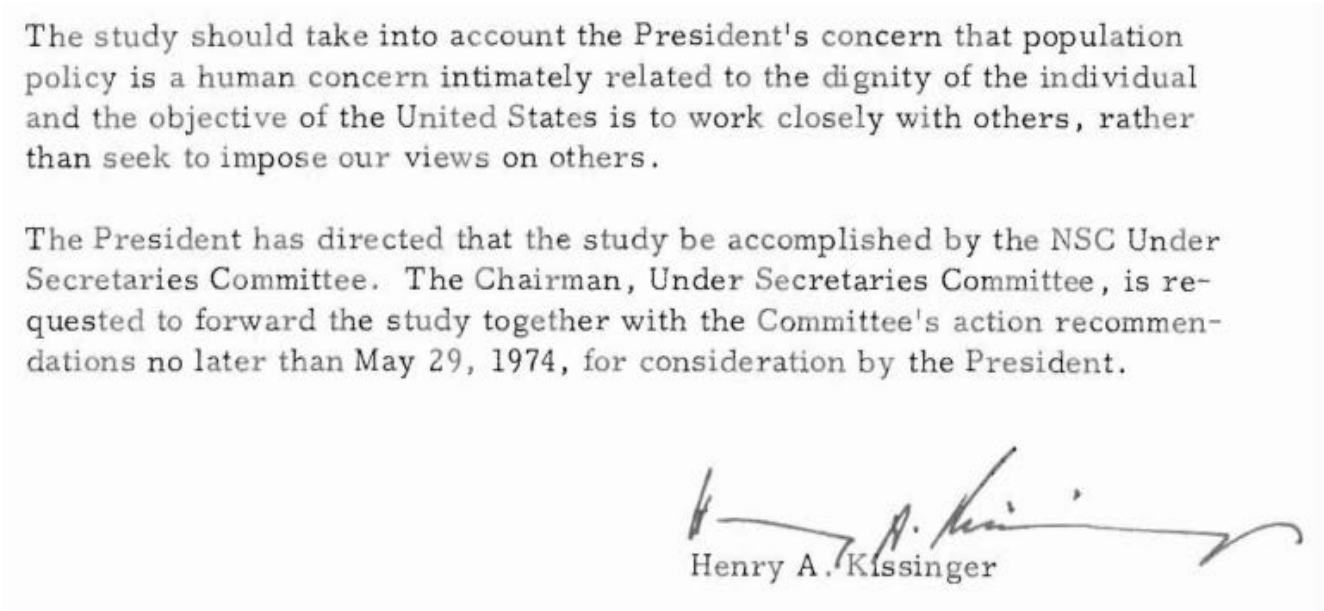
What we are living now is unprecedented. Today's depopulation agenda is by no means comparable to the eugenist movement which unfolded in the US as of the early 20th century. Eugenics at the outset was based on legislation directed against specific population groups with so-called "learning or physical disabilities":

> "The 1907 law denied entry to anyone judged 'mentally or physically defective, such mental or physical defects being of a nature which may affect the ability of such alien to earn a living.' It added 'imbeciles' and 'feeble-minded persons' to the list. …
>
> By 1938, 33 American states permitted the forced sterilisation of women with learning disabilities and 29 American states had passed compulsory sterilisation laws covering people who were thought to have genetic conditions. Laws in America also restricted the right of certain disabled people to marry. More than 36,000 Americans underwent compulsory sterilisation before this legislation was eventually repealed in the 1940s." (Victoria Brignell)[1]

Depopulation Directed Against Third World Countries

Inspired by the eugenist ideology, depopulation in the post World War II era became an integral part of a **neo-colonial agenda**. It was carefully embedded into the tenets of US foreign policy, largely directed against so-called "developing countries".

We recall US Secretary of State **Henry Kissinger's** National Security Study Memorandum 200 entitled ***"Implications of Worldwide Population Growth For U.S. Security and Overseas Interests."***



The study should take into account the President's concern that population policy is a human concern intimately related to the dignity of the individual and the objective of the United States is to work closely with others, rather than seek to impose our views on others.

The President has directed that the study be accomplished by the NSC Under Secretaries Committee. The Chairman, Under Secretaries Committee, is requested to forward the study together with the Committee's action recommendations no later than May 29, 1974, for consideration by the President.

Henry A. Kissinger

Screenshot from the National Security Council document

According to Kissinger (NSSM 200, 1974):

> "Depopulation should be the highest priority of foreign policy towards the Third World, because the U.S. economy will require large and increasing amounts of minerals from abroad, especially from less developed countries."

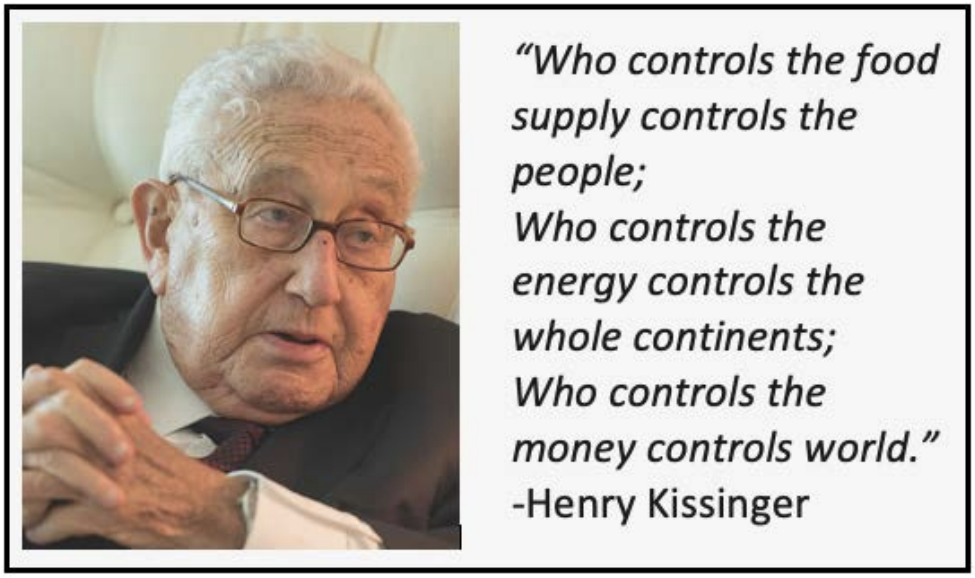


Illustration by Global Research / Image of Henry Kissinger is by Jay Godwin/Flickr, licensed under the Public Domain

The Vaccine Campaign Directed Against Third World Countries

In regards to Third World countries, depopulation was carefully instrumented through vaccines. The "tetanus vaccines" project implemented under WHO-UNICEF auspices was intended to "secretly sterilize women in poor countries all over the planet".

> "Kenya's Catholic bishops are charging two United Nations organizations with sterilizing millions of girls and women under cover of an anti-tetanus inoculation program sponsored by the Kenyan government."[2]

Bill Gates, who is now at the forefront of the globalists' mRNA "vaccine" program was intricately involved. "The Gates Foundation was sued by governments around the world, Kenya, India, the Philippines – and more." (Peter Koenig, April 2020)[3]

The Globalists' Depopulation Agenda."What to Do with All These Useless People?"

While the globalists consider that planet Earth is overpopulated, they do not formally acknowledge that the COVID-19 mandates including the vaccine constitute the means to reducing the world's population. The vaccine is upheld as means to "save lives".

Klaus Schwab's protégé **Prof. Yuval Noah Harari**, nonetheless begs the question, "**what to do with all these useless people?"**

> Harari is an influential member of the World Economic Forum (WEF) who supports the idea of creating a dystopian society managed by a handful of globalists who will rule over every human being on earth from the day they are born. (Timothy Alexander Guzman, July 2022)[4]

Secret 2009 Meeting of "The Good Club". "Billionaires Try to Shrink World's Population"

Flashback to April 25, 2009. The World Health Organization (WHO) headed by **Margaret Chan** declared a Public Health Emergency of International concern (PHEIC) pertaining to the H1N1 Swine Flu pandemic, which in many regards was a "**dress rehearsal"** of the COVID pandemic (see Chapter IX). Barely two weeks later in early May 2009, at the height of the H1N1 "pandemic", the billionaire philanthropists met behind closed doors at the home of the president of the Rockefeller University in Manhattan.

This secret gathering was sponsored by Bill Gates. They call themselves **"The Good Club".** Among the participants were the late **David Rockefeller, Warren Buffett, George Soros, Michael Bloomberg, Ted Turner, Oprah Winfrey** and many more:

> "Some of America's leading billionaires have met secretly to consider how their wealth could be used to slow the growth of the world's population and speed up improvements in health and education." (Sunday Times, May 2009)[5]

The emphasis was not on population growth (i.e. planned parenthood) but on "depopulation", i.e. the reduction in the absolute size of the world's population. To read complete WSJ article, click here.

According to the Sunday Times report:

> The philanthropists who attended a summit convened on the initiative of Bill Gates, the Microsoft co-founder, discussed joining forces **to overcome political and religious obstacles to change.**
>
> …
>
> Stacy Palmer, editor of the Chronicle of Philanthropy, said the summit was unprecedented. "We only learnt about it afterwards, by accident. Normally these people are happy to talk good causes, but this is different – maybe because **they don't want to be seen as a global cabal**," he said.
>
> Another guest said there was "nothing as crude as a vote" but a consensus emerged that they would back a strategy in which **population growth would be tackled as a potentially disastrous environmental, social and industrial threat.s**
>
> "This is something so nightmarish that everyone in this group agreed it needs big-brain answers," said the guest. …
>
> Why all the secrecy? **"They wanted to speak rich to rich without worrying anything they said would end up in the newspapers, painting them as an alternative world government,"** he said. (Sunday Times)[6]

The decision-making is intricate and complex. The reports of this secret May 2009 meeting largely reveal the depopulation narrative. It was one among numerous similar meetings (which are rarely the object of media coverage).

What is significant is the criminal intent of these billionaire "philanthropists" to depopulate planet Earth.

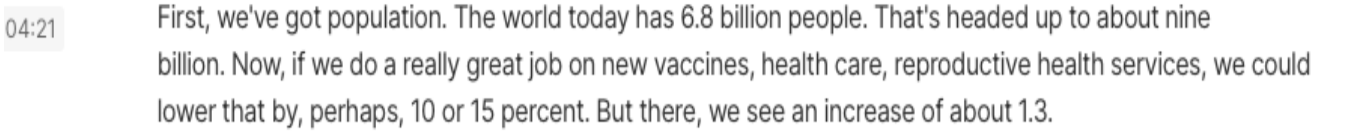
Bill Gates 2010 Depopulation Statement. The Role of "New Vaccines"

Image: Bill Gates (By Kuhlmann / MSC, licensed under CC BY 3.0 de)

Was an **absolute "reduction" in world population** contemplated at that May 2009 secret meeting? A few months later, Bill Gates in his TED presentation (February 2010) pertaining to vaccination, confirmed the following:

> "And if we do a really great job on new vaccines, health care, reproductive health services, **we could lower that [the world population] by 10 or 15 percent**".[7]

Listen to the quotation in this video starting at 04:21. Alternatively, see below for the screenshot of the quotation.



Screenshot from the TED Talk video

Bill Gates's "Absolute Reduction" in World Population

Bill Gates's proposal of an "absolute reduction" in the world's population **using vaccination as an instrument** would be as follows:

The world's population (November 2022 estimate) is of the order **of 8.0 billion.**

- **An absolute reduction of 10% in 2022 would be of the order of 800 million.**
- **An absolute reduction of 15% of the world population in 2022 would be of the order of 1.2 billion.**

The same group of billionaires, who met at the May 2009 "secret venue", has been actively involved from the outset of the COVID crisis in designing the lockdown policies applied worldwide, the mRNA vaccine and the "Great Reset", **the endgame of which is massive depopulation**.

Crimes against humanity are beyond description.

We are dealing with a criminal cabal which must be confronted.

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CHAPTER XV

The Road Ahead:
Building a Worldwide Movement Against "Corona Tyranny"

The Storming of the Bastille occurred in Paris on the afternoon of July 14, 1789. The Bastille was a medieval armory, fortress, and political prison. It was the symbol of Royal Authority under the reign of King Louis XVI.

The French monarchy was obliged to accept the authority of the newly proclaimed **National Assembly** as well as endorse the fundamental rights contained in the "**Declaration des Droits de l'Homme et du Citoyen"** (Declaration of the Rights of Man and of the Citizen), formulated in early August 1789.[1]

More than 230 years later, these fundamental rights (**Liberté, Égalité, Fraternité**) are now being contravened by corrupt governments around the world on behalf of a totalitarian and illusive financial establishment.

Storming of the Bastille (By Bibliothèque nationale de France, licensed under the Public Domain)

Bastille 2022

Bastille 2022 pertains not only to the restoration of these fundamental rights. It seeks to reverse and disable the criminal **COVID-19 agenda** which in the course of more than two and a half years has triggered economic, social and political chaos worldwide in 193 member states of the United Nations, coupled with bankruptcies, unemployment, mass poverty and despair. Famines have been reported in more than 25 countries.

Starting in November 2020, an experimental mRNA vaccine launched by our governments (allegedly with a view to combating the spread of the virus) has resulted in an **ascending worldwide trend of vaccine-related deaths and injuries.** It's a killer vaccine. It's a crime against humanity.

Bastille 2022 is not a "protest" movement, narrowly defined.

We do not seek to negotiate with corrupt government officials. We question their legitimacy. They are liars.

Our intent is to confront the powerful actors behind this criminal endeavor which is literally **destroying people's lives worldwide,** while creating divisions within society. The impacts on mental health on population groups worldwide are devastating.

The numerous lockdowns documented in previous chapters (stay at home of the workforce), fear campaigns, COVID-19 policy mandates imposed on approximately 193 member states of the United Nations have also contributed to **undermining and destabilizing**:

- the very fabric of civil society and its institutions including education, culture and the arts, social gatherings, sports, entertainment, etc.
- all public sector activities including physical and social infrastructure, social services, law enforcement, etc.
- all major private sector activities which characterize national, regional and local economies including small, medium and large corporate enterprises, family farms, industry, wholesale and retail trade, the urban services economy, transport companies, airlines, hotel chains, etc.
- the structures of the global economy including international commodity trade, investment, import and export relations between countries, etc. **The entire landscape of the global economy has been shattered.**

In turn, **a process of enrichment by the elite billionaires** together with widening social inequalities is unfolding (see Chapter V).

The massive debts incurred by the nation-states resulting from corruption as well fiscal collapse have skyrocketed. Increasingly national governments are in a straitjacket, under the brunt of powerful creditor institutions. Mounting debts at all levels of society are the driving force (see Chapter IV).

The Creation of a Mass Movement

What is at stake is the creation of **a mass movement (nationally and worldwide)** which questions the legitimacy and authority of the architects of this insidious project which broadly speaking emanates from Big Money, Big Pharma, the Information Technology Conglomerates, the Security Apparatus, Intelligence, the Military Industrial Complex, Big Energy, and the Corporate Media.

Ironically, the architects of the COVID-19 "pandemic" are now actively involved in formulating the "solution". The World Economic Forum's **Great Reset** consists in installing a worldwide totalitarian regime. What is contemplated is a system of "**Global Governance**" predicated on depopulation (see Chapters XII and XIII).

Approximately 193 UN member states are slated to be weakened and undermined. They are under the grip of the most serious debt crisis in world history. Under the Great Reset, the institutions of

parliamentary democracy and the welfare state are to be replaced by an unelected "public-private partnership" dominated by the upper echelons of the financial establishment.

Restoring Real Democracy

We will seek all avenues through peaceful means to disable and undermine this totalitarian project including dialogue with and within public and private institutions (students, teachers, law enforcement officials, members of the military and the judiciary, etc.)

What is required is **to break down the structures of corruption, hierarchy and abusive authority**, namely to pursue what might be described as:

> **"the democratization of decision-making within our institutions".**

The Art of Deception

We must nonetheless understand the limitations of conducting effective judicial procedures against national governments. The judges are often pressured, threatened and corrupt, aligned with both dominant financial interests and politicians.

Moreover, inasmuch as this insidious project is enforced by national governments worldwide, the International Criminal Court (ICC) which is officially "independent" in regards to the UN Security Council, has a longstanding record of side-stepping US-NATO war crimes. The ICC is controlled by the same financial elites which control the governments.

We must also understand the complexities of this carefully designed and coordinated totalitarian project, namely the role of various fraudulent financial institutions, corporate advisory and lobby groups, consultants, "scientific advisors", etc. acting as intermediaries on behalf of Big Pharma and the financial elites.

There is a hierarchy in the structures of authority. This complex and intricate decision-making process is used to **co-opt, bribe and manipulate government officials**. Almost identical policy mandates (**emanating from higher authority**) are implemented **simultaneously** in numerous countries, requiring active coordination. The same powerful lobby firms are acting at one and the same time in different countries (e.g. in North America and the European Union).

Large scale street protests will not prevail unless they are focused on effectively disabling this corrupt decision-making process.

Protesters gathered near the Brandenburg Gate in Berlin in August 2020 to protest against COVID measures. Copyright: Reuters

Truckers Freedom Convoy in Canada in February 2022, a movement against COVID mandates. Copyright David Skripac, with permission to use

What Are Our Priorities? Counter-Propaganda

More than 7 billion people worldwide are directly or indirectly affected by the corona crisis. Several billion people have already been vaccinated by an "unapproved" experimental mRNA "vaccine", which has resulted in a worldwide wave of mortality and morbidity.

While this tendency is confirmed by official figures pertaining to vaccine-related deaths and adverse events, the mainstream media and the governments are in a state of denial.

The devastating health impacts of the COVID-19 vaccine are rarely acknowledged. It's the same catchphrase (which is an outright lie) repeated ad nauseam: "the virus is far more dangerous than the vaccine":

> "We actually have more safety data on the vaccine than the virus, and already see that **the virus is far more dangerous than the vaccine.** (Intercare)[2]
>
> Dr. Alan Schroeder thinks it's very natural for parents to worry, but said for teens, **the virus is more dangerous than the vaccine.** (NBC)[3]
>
> Doctors are on the lookout for it in children, but the bottom line remains that **the virus is far more dangerous than the vaccine.**
>
> "The mutations in the omicron variant make it [the virus] **more prolific, dangerous, and elusive**".
>
> etc.

This propaganda consensus must be broken. With regard to the vaccine, informing people across the land regarding the data on deaths and adverse events is the first step.

The COVID crisis initiated in January 2020 is unprecedented in world history. **Propaganda under Nuremberg is a crime** (see Chapter XI).

Dismantling the propaganda apparatus is crucial. **Counter-propaganda plays a key role** in revealing the lies used to justify the policy mandates. Without persistent media disinformation, the official COVID narrative falls flat.

First and foremost, we must forcefully challenge the mainstream media, without specifically targeting mainstream journalists who have been instructed to abide by the official narrative. We should in this regard favor dialogue with individual (independent) journalists.

We must ensure that people worldwide achieve an understanding of the history and devastating impacts of the COVID crisis supported by scientific concepts, analysis, testimonies and data. This endeavor will require a parallel process at the grassroots level, of sensitizing fellow citizens and establishing dialogue on the nature of the alleged pandemic, the mRNA vaccine, the RT-PCR test, as well as the devastating economic and social impacts of the lockdowns.

While we must put an end to the fear campaign, we must nonetheless inform our fellow citizens regarding the dangers of the mRNA vaccine as well as the engineered chaos of this totalitarian agenda of "Global Governance" on the very structures of civil society.

The "**fear campaign**" is to be replaced by "**information, concepts, analysis and data**" as well as "**strategies"** to confront Big Pharma, corrupt officials in high office as well as their Big Money sponsors.

We must also ensure the conduct of dialogue and debate at the grassroots of society.

Putting an End to the "Killer Vaccine"

Our first task is to immediately halt and cancel the so-called COVID-19 "vaccine" which has triggered a wave of mortality and morbidity worldwide.

According to **Dr. Thomas Binder**:

> "The gene injections are unsafe. They can cause anaphylactic reactions, thromboembolism, thrombocytopenia, disseminated intravascular coagulation, and myocarditis in the short term.[4]
>
> There is possible immunosuppression and antibody-dependent enhancement, ADE, in the medium-term.
>
> And in the long term there are possible autoimmune diseases, cancer and infertility, risks that have not been ruled out yet."

According to **Doctors for COVID Ethics**, in the EU, UK and US, the data respectively tabulated by EudraVigilance, MHRA (UK) and VAERS (US):

> "have now recorded many more deaths and injuries from the COVID-19 "vaccine" roll-out than from all previous vaccines combined since records began"
>
> With regard to the mRNA "vaccine", the catastrophic number of injection related deaths has NOT been reported by the mainstream media, despite the official figures being publicly available.
>
> "The signal of harm is now indisputably overwhelming, and, in line with universally accepted ethical standards for clinical trials, **we demand that the COVID-19 "vaccination" programme be halted immediately worldwide.**
>
> Continuation of the programme, in the full knowledge of ongoing serious harm and death to both adults and children, constitutes Crimes Against Humanity/Genocide, for which those found to be responsible or complicit will ultimately be held personally liable."[5]

As outlined in Chapter VIII, Pfizer has a criminal record (2009) with the US Department of Justice on charges of "fraudulent marketing".[6]

As part of the 2009 DoJ settlement, Pfizer was put on parole:

> "Pfizer also has agreed to enter into an expansive corporate integrity agreement … [which] provides for procedures and reviews to be put in place **to avoid and promptly detect conduct similar to that which gave rise to this matter."**[7]

But we are no longer dealing with "fraudulent marketing":

> **"Killing is good for business"**: The vaccine is a multi-billion dollar operation worldwide. **It's manslaughter**.

Once the “vaccine” has been halted, the criminality of Big Pharma will be fully revealed and understood. In turn, the legitimacy of the official COVID narrative based on lies and fake science will inevitably be impaired. This is the first step towards breaking the “official” COVID narrative.

The truth is an important peaceful weapon. Without propaganda and media disinformation, the architects of this project do not have a leg to stand on.

Let us break the “official” COVID-19 consensus and the propaganda apparatus which provides “legitimacy” to a criminal agenda.

Once it collapses, it will open up the road towards reversing the broader process of economic, social and political chaos generated in the course of the last two and a half years.

The Geopolitical Dimension

What is unfolding is a new and destructive phase of US imperialism. It’s a totalitarian project of economic and social engineering.

The Biden administration has endorsed the COVID agenda, which has been used to destabilize and weaken national economies (ironically, including the United States as well as its allies and its “enemies”).

We cannot divorce our understanding of the COVID crisis from that of US foreign policy and America’s hegemonic agenda, e.g. the war in Ukraine, US-Russia relations, the enlargement and extension of NATO, the militarization of the South China Sea directed against China, Iran and the geopolitics of the Middle East, the ongoing sanctions regimes against Venezuela and Cuba, etc.

Integrating All Sectors of Society

It should be noted that organized opposition in many Western countries is weak. Why? Because “progressive forces” including left intellectuals, NGO leaders, trade union and labor leaders both in Western Europe and North America have from the outset endorsed the official COVID narrative. Many of these progressive movements are supported by corporate foundations.

The same billionaire foundations which are the unspoken architects of the “**Great Reset**” and “**Global Governance**” are also involved in (generously) financing various social movements. “They control the opposition”.

What this means is that grassroots activists are often misled and betrayed by their leaders who are routinely co-opted by their billionaire sponsors.

It is essential that these grassroots activists be integrated into the mainstay of the movement against the COVID-19 consensus.

The Road Ahead

What is required is the development of a broad-based grassroots network which confronts both the architects of this crisis as well as all levels of government (i.e. national, states, provinces, municipalities, etc.) involved in imposing the vaccine as well carrying out the lockdown and closure of economic activity.

This network would be established (nationally and internationally) at all levels of society, in towns and villages, workplaces, parishes, trade unions, farmers organizations, professional associations, business associations, student unions, and veterans associations. Church groups would be called upon to integrate this movement.

"Spreading the word" through social media and independent online media outlets will be undertaken bearing in mind that Google as well as Facebook are instruments of censorship.

Legal procedures and protests are unfolding in all major regions of the world. As part of a worldwide network of initiatives, it is important to establish mechanisms of communication, dialogue and exchange within and between countries.

The creation of such a movement, which forcefully challenges the legitimacy of the financial elites, Big Pharma, et al., as well as the structures of political authority at the national level, is no easy task. **It will require a degree of solidarity, unity and commitment unparalleled in world history.**

What is required is the breaking down of political and ideological barriers within society (i.e. between political parties) **while acting with a single voice towards building a worldwide consensus against tyranny**.

Worldwide solidarity and human dignity is the driving force.

Endnotes

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